



Welcome to Premier Eyecare

3911 Coffee Rd Bakersfield, CA 93308 Cache M. Crawford, OD. Keith C. Miller, OD. Tyler J. Albert, OD. Daniel D. Sturgell, OD.

PATIENT INFORMATION

Name _____
Date of Birth _____ Gender _____
Street _____
City _____ State _____ Zip _____
Cell Phone _____ Date: _____

RESERVED ANNUAL APPOINTMENT

To help you stay on track with your eye health and vision examination, we offer the convenience of reserving your next annual eye exam.

☐ Yes, please reserve my appointment for next year

Reason for Visit

- ☐ Annual Eye Health Exam
- ☐ Glasses
- ☐ Contact Lenses
- ☐ Blurred Vision
- ☐ Red Eye
- ☐ Dry Eye
- ☐ Eye Allergies/Itchy
- ☐ Eye Pain
- ☐ Diabetic Eye Exam
- ☐ _____

Ocular Surgery

- ☐ Eyelid Surgery
- ☐ Cataract Surgery
- ☐ LASIK/PRK
- ☐ RK
- ☐ Strabismus Surgery
- ☐ Retinal Laser/Repair
- ☐ Pterygium Surgery
- ☐ Eye Injections
- ☐ _____

Medical History

- ☐ Diabetes A1C: _____
- ☐ Hypertension
- ☐ High Cholesterol
- ☐ Arthritis
- ☐ Hyperthyroidism
- ☐ Hypothyroidism
- ☐ Stroke
- ☐ _____

Medications

Medication Allergies

- ☐ None
- ☐ _____

Family History

- ☐ Diabetes
- ☐ Hypertension
- ☐ High Cholesterol
- ☐ _____

Family Ocular History

- ☐ Macular Degeneration
- ☐ Glaucoma
- ☐ Retinal Tear/Detachment
- ☐ Amblyopia/Strabismus
- ☐ Diabetic Retinopathy
- ☐ Keratoconus
- ☐ _____

Ocular History

- ☐ Eye Allergies
- ☐ Cataract
- ☐ Diabetic Retinopathy
- ☐ Dry eye
- ☐ Glaucoma
- ☐ Macular Degeneration
- ☐ Retinal Tear
- ☐ Retinal Detachment
- ☐ Strabismus
- ☐ Amblyopia
- ☐ Iritis/Uveitis
- ☐ Keratoconus
- ☐ _____