Welcome to Premier Eyecare

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

Name_____
Date of Birth_____ Gender _____
Street _____
City_____ State_____Zip_____
Cell Phone_____

Home/Work Phone_____
Social Security # _____
Employer (or School) _____
Occupation (or Grade) _____
Spouse (or Parent's) Name_____

Reason for Visit

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

Medical History

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

Ocular History

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

Ocular Surgery

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

Medications

_____
_____
_____
_____

Medication Allergies

- ☐ None
- ☐ _____

Family History

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

Family Ocular History

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