

Peninsula Vision Care

1426 Egg Harbor Road
Sturgeon Bay, WI 54235



Paul Filar, OD & Mariah Metoxen, OD

(920) 743-5053

www.peninsulavisioncare.com

First Name:		Address:		Home:	
Last Name:		City:		Work:	
Middle Name:		State:		Cell:	
Nickname:		Zip:		Email:	
Date of Birth:		SSN:		Drinking: Y / N Amount:	
Sex: M / F / Other		Race: Asian Black White Pacific Islander		Tobacco: Y / N Type: Amount:	
Right Handed/ Left Handed/ Ambidextrous		Latino Other		If yes, started: Quit:	
Marital Status:		Married to:		Last eye exam: Where:	
Occupation:				Glasses: Y / N Sunglasses: Y / N	
Parent Name (for minors):				For:	
Parent SSN (for minors):				Contacts: Y / N Type: Solution:	
Parent Date of Birth (for minors):				Replacement Schedule:	
Work needs, hobbies, sports, computer use:					
Personal Ocular History: Any past conditions, injuries, surgeries, or problems with your eyes?					
Family History: Please indicate if any immediate family members have or had the following: (Indicate F-Father, M-Mother, B-Brother, Sis-Sister, S-Son, D-Daughter or N-None)					
Cancer:		Cataracts:			
Diabetes Type1:		Macular Degeneration:			
Diabetes Type2:		Glaucoma:			
Hypertension:		Retinal Detachments:			
Hyperthyroid:		Other:			
Hypothyroid:					
Primary Physician and Location:					
Any allergies you may have?					

Please continue on other side....

