

**Peninsula Vision Care**

1532 Michigan Street  
Sturgeon Bay, WI 54235

**Paul Filar O.D.**

(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		Race: Asian Black White Pacific Islander Latino Other		Tobacco: Y / N Type: Amount:	
Preferred Language:				If yes, started: Quit:	
Marital Status:				Last eye exam:	
Married to:				Glasses: Y / N Sunglasses: Y / N	
Guarantor:				For:	
Their SSN (if not self):				Contacts: Y / N Type: Solution:	
Their DOB (if not self):				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:					
Environmental Allergies:					
Latex, Iodine, or Anesthetic Allergy:					
Medication Allergies:					

Please continue on other side....

