Wira Family Vision, LLC

Dr. Adam P. Wira, OD
8685 Olive Blvd.,
St. Louis, Missouri 63132
314-219-5461
wirafamilyvisionllc@gmaill.com

PATIENT INFORMATION:

Todays Date: _____

Patient Name: _____

Address: _____

City, State, Zip Code: _____

Date of Birth: _____

Age: _____

Phone Number: _____
Home: _____
Cell: _____
Work: _____

Email: _____

Occupation: _____

Date of Last Eye Exam: _____
Do you currently wear glasses? Y/N
Do you currently wear contact lenses? Y/N
If so, what type? _____

How many pair of prescription glasses do you Currently use? _____

What type of glasses do you currently wear?
Please circle all that apply:

Single Vision	Bifocal	Trifocal
Progressive	Sunglasses	Computer
Transitions	Safety	

MEDICAL HISTORY:

Do you have any of the following?
Please circle all that apply:

Heart Disease	High Blood Pressure
Diabetes	Thyroid Problems
Headaches	Allergies
Rheumatoid Arthritis	

Other: _____

Please list any medications you are currently taking: _____
_____
_____

OCULAR HISTORY:

Please circle any conditions that apply:

Blurred Vision	Cataracts
Dry Eyes	Glaucoma
Eye lid problems	Tearing
Double Vision	Tired when reading

Other: _____
_____

Do you perform fine or up-close work? Y/N

How much time do you spend on a computer Daily? (ex. 4 hrs, 6hrs) _____

Anything else you want us to know?
_____
_____
_____
_____

Thank you!

September 28, 2024