Drs. Thomas Politzer & Crystal Kasper

333 South Allison Parkway, Suite 120 Lakewood, CO 80226

Phone: 303-989-2020 Fax: 303-980-5283

Name: _____ **DOB:** _____ **Date:** _____

Were you referred to us? Yes / No If yes, by whom? _____

Please tell us about the main reason for your visit today: _____

Please circle any of the following that apply to you:

Burning	Blurred Vision	Headaches	Head Injury	Dry Eye
Itching	Double Vision	Migraines	Stroke	Retinal Disease
Redness	Focusing Problems	Sensitivity to Light	Eye Turn/Strabismus	Glaucoma
Tearing	Eye Strain	Motion Sickness	Lazy Eye/Amblyopia	Corneal Disease
Pain	Learning Problems	Eye injury	Eye Disease	Macular Degeneration

Please circle any of the following that apply to you:

High Blood Pressure	Diabetes	Pregnancy	Tobacco Use
Heart Disease	Thyroid Disorder	Arthritis	Drug Use
High Cholesterol	Autoimmune Disorder	Cancer	Alcohol Use

Please circle any conditions that apply to your family members:

High Blood Pressure	Glaucoma	Retinal Disease
Heart Disease	Macular Degeneration	Eye Turn/ Strabismus
Diabetes	Corneal Disease	Lazy Eye/ Amblyopia

Do you have any allergies?

Penicillin Sulfa Anesthetics Steroids Latex Other: _____

Please list all medications you take and why:

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____
7. _____ 8. _____

Please list doctors you are seeing: Condition: Contact Information:

1. _____
2. _____
3. _____
4. _____