

**Dr. JC Mungar, Optometrist**

Welcome to our office.

Kindly complete all information on this sheet.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Home/Cell # \_\_\_\_\_ Work # \_\_\_\_\_  
Email Address \_\_\_\_\_

- A) Health Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_
- B) How long ago was your last eye examination? \_\_\_\_\_
- C) Was a change made in your glasses at that time? \_\_\_\_\_
- D) Do you see clearly far away? \_\_\_\_\_
- E) Do you see well close up? \_\_\_\_\_
- F) Are you bothered by any headaches or discomfort in or around  
your eyes? \_\_\_\_\_
- G) Do your eyes itch, burn or sting? \_\_\_\_\_
- H) Do you ever see double? \_\_\_\_\_
- I) Have you ever had any eye surgery, injuries or infections? \_\_\_\_\_
- J) When was your last medical check-up? \_\_\_\_\_  
Who is your medical doctor? \_\_\_\_\_
- K) What prescription medications do you take, if any? \_\_\_\_\_  
\_\_\_\_\_
- L) Are you a medicated Diabetic? \_\_\_\_\_
- M) Do you wear contacts or interested in getting contacts? \_\_\_\_\_
- N) What is your Occupation? \_\_\_\_\_