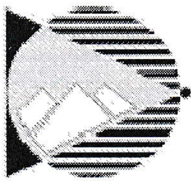

Layton Visual Center
180 West Gordon Ave Ste E 1
Layton, UT 84041
801-546-2481
Fax- 801-546-2483
E-mail: drjensen@laytonvisualcenter.com
www.laytonvisualcenter.com

Date:

Todays Visit

- ☐ Eye pressure check
- ☐ Prescription check
- ☐ Red eye check
- ☐ Irritated eye check
- ☐ DFE
- ☐ Cycloplegic
- ☐ Flashing lights or floaters
- ☐ Visual field threshold

Please note changes

Personal

Name: ______ ______

Address: ______

City, St: ______ Zip: ______

Phone(H): ______ (W): ______

Date of Birth: ______ Sex: ______

Ins Name: ______ Number: ______

Policy Holder: ______
(If not self)

Relationship: ○ Self ○ Spouse ○ Child ○ Other

E-Mail: ______

Eye surgeries Surgery Date

Glasses/Contacts

R-

L-

Symptoms (please circle the "main" problem)

- ☐ Doctor recommended follow-up visit
- ☐ Blur at Far-R
- ☐ Blur at Far-L
- ☐ Blur at Near-R
- ☐ Blur at Near-L
- ☐ Foreign Body Sensation-R
- ☐ Foreign Body Sensation-L
- ☐ Discomfort/Pain-R
- ☐ Discomfort/Pain-L
- ☐ Light Sensitivity-R
- ☐ Light Sensitivity-L
- ☐ Visual Fluctuation-R
- ☐ Visual Fluctuation-L
- ☐ Glare-R
- ☐ Glare-L
- ☐ Other...

Allergies

☐ None

Current Medications

☐ None

Injuries, and/or hospitalizations

☐ None

Our office requires payment at the time of service. **You are responsible for any and all charges that insurance does not cover. Contact lens fit and follow up care is billed separately from your eye exam which starts at $40.00.** Your information is protected by our privacy policy.

Printed: DOB: **Signature:**______ **Date:**______

Relationship to Patient ______

Exam:

____ Dilating ____ Photos ____ Auto Refraction/Keratometry ____ Topography ____ Visual Fields

Glasses: