

# Marion Eye Center & Optical

## Patient Questionnaire

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

- Current Address \_\_\_\_\_
  - Current Phone Number \_\_\_\_\_
  - Primary Care Physician \_\_\_\_\_
  - Pharmacy \_\_\_\_\_
  - Do you use tobacco products? Yes/No    Quit Date: \_\_\_\_\_
  - Are you currently being treated for High Blood Pressure/Hypertension? Yes/No
  - If yes what medication? \_\_\_\_\_
  - Have you received a Flu Vaccine? Yes/No    Date: \_\_\_\_\_
  - Have you received a Pneumonia Vaccine? Yes/No    Date: \_\_\_\_\_
  - Are you Diabetic? Yes/No    Are you insulin Dependent? Yes/No
  - Please list any new medications since last visit.
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- Please list your email below. This will allow you to access to our Patient Portal. The Patient Portal can be used for viewing your medical records.
  - Email Address: \_\_\_\_\_

**\*\*\*We will not share your email or use it for any solicitation.\*\*\***

Please visit our website at [www.marioneye.com](http://www.marioneye.com) and click New Patient Information to make any demographic changes. (Address, Phone, Etc.)