



DR. JEFFREY ZIGULIS

Optometrist

ADVANCED EYE CARE • 229 Tecumseh Road • Dundee, MI 48131 • (734) 529-8747

ADVANCED EYE CARE • 3409 Sterns Road • Lambertville, MI 48144 • (734) 856-7070

Welcome Back To Our Office

Please review the information to determine if there have been any changes since your last visit to our office.

(Please Print)

Today's Date _____ Email Address _____ Contact by email? Yes No

Name _____

Street _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Name of Family Doctor _____ Address _____ Phone _____

Changes: In medications or health history

In experiences: flashes, floaters, headaches, reflections, discomfort, light sensitive, glare, etc.

Are you having any problems with your present glasses or contacts?

Diagnostic Information

Do you have more than 1 pair of current Rx glasses?	Yes	No
Do you work on a computer for long periods?	Yes	No
Would you benefit from thinner, lighter lenses?	Yes	No
Do you spend a lot of time outdoors?	Yes	No
Do you have difficulty driving at night?	Yes	No
Are there times you would rather not wear glasses?	Yes	No
If you wear bifocals, are you bothered by restricted windows, lines or head tilting?	Yes	No
Are you interested in a "test drive" of the latest in contact lens design(s)?	Yes	No
Would you like to learn about laser vision correction?	Yes	No

Consent & Authorization to Release Information

I hereby authorize treatment and the release of any information or photographs acquired in the course of my examination or treatment, to my referring doctor or insurance company as necessary, I understand that I am financially responsible for services and materials provided to me at Advanced Eye Care offices of Zigulis Eye Care, Inc.

Signature: _____ Date _____