



Dr. Jaclyn Hutchins, OD  
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 210-490-EYES (3937) | [www.stoneoaktso.com](http://www.stoneoaktso.com)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M or F

Name Preference: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Ph # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Ph # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Ph # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_

Race \_\_\_\_\_ Ethnicity \_\_\_\_\_ Preferred Language \_\_\_\_\_ Marital Status \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Specialist if different from PCP \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone # \_\_\_\_\_

Reason for Today's Exam \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Do you currently wear glasses? Y or N Do you wear contacts? Y or N or INTERESTED IN THEM

Have you been diagnosed with **Keratoconus**? Y or N If yes, do you wear specialty contact lenses? Y or N

**Medical Conditions:**

	Self	Relatives – List Relationship	Medications
Diabetes	_____	_____ - _____	_____
Hypertension	_____	_____ - _____	_____
Cholesterol	_____	_____ - _____	_____
Thyroid	_____	_____ - _____	_____

**Ocular Conditions:**

Glaucoma	_____	_____ - _____	_____
Macular Degeneration	_____	_____ - _____	_____
Dry Eye	_____	_____ - _____	_____

**All Other Medical/Ocular Conditions** \_\_\_\_\_

**Additional Medications** \_\_\_\_\_

**Medication Allergies** \_\_\_\_\_ **Past Medical/Eye Surgeries** \_\_\_\_\_

Do you use **tobacco** products? NO / YES (Amount \_\_\_\_\_ How Long \_\_\_\_\_)

Do you drink **alcohol**? NO / YES Social use or Daily drinker (Amount \_\_\_\_\_ How Long \_\_\_\_\_)

**\*\*\*Dilation or Optos is required for a full health examination.** Dilation side effects include light sensitivity and blurred vision for up to 6 hours. Dilation also extends your appointment 20-30 minutes. Optos is an ultra-wide field retinal image with no side effects and has a \$43.00 Copay. Any further questions you can discuss with your technician during your exam.

