

# Moon Valley Eyecare

**Dr. Jesse Dominguez**

**14435 N. 7<sup>th</sup> ST. Suite 104**

**Phoenix, AZ 85022**

**P: 602-993-2727**

## FORMER PATIENT INFORMATION

DATE: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle \_\_\_\_\_

Birth date \_\_\_\_\_

Phone \_\_\_\_\_ ( ) cell ( ) house

EMAIL \_\_\_\_\_

### **Do you have or have you had any of the following? (Check any that apply)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Eye injury          | <input type="checkbox"/> Double vision      | <input type="checkbox"/> Glaucoma            |
| <input type="checkbox"/> Eye Surgery         | <input type="checkbox"/> Watery eyes        | <input type="checkbox"/> Diabetes            |
| <input type="checkbox"/> Eye infections      | <input type="checkbox"/> Red eyes           | <input type="checkbox"/> Cataracts           |
| <input type="checkbox"/> Sticky discharge    | <input type="checkbox"/> Pain in eye        | <input type="checkbox"/> Floaters            |
| <input type="checkbox"/> Itchy/ burning eyes | <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> High blood pressure |

\_\_\_\_\_ (initial) patient address is the same

\_\_\_\_\_ (initial) insurance is the same

\_\_\_\_\_ (initial) changes to make \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

