

Dr. Scott Williamson, O.D.

179 Handley Rd, STE C

Tyrone, GA 30290

(770) 486-1020

Name of Last Eye Doctor _____ Date of Last Exam _____

Person Responsible for Bill? _____

How Do You Plan to Pay? Cash__ Check__ Visa/MC__ Discover__ American Express__

List All Major injuries, surgeries and/or hospitalizations you have had:

Are You Pregnant and/or nursing? Yes___ No___

When do you wear your glasses? All the time___ Reading/Near Work___ Distance Tasks Only___ Work Safety___ Computer Work___ Other___

Have you worn contacts? Yes ___ No ___

Are you interested in wearing contacts? Yes___ No___

Do you drive? Yes___ No___ If yes, do you have difficulty when driving? Yes___ No ___

If yes, please describe: _____

Do you use tobacco products? Yes___ No___
If yes, Type/Amount/How Long: _____

Do you drink alcohol? Yes___ No___
If yes, Type/Amount/How Long: _____

Do you use illegal drugs? Yes___ No ___
If yes, Type/Amount/How Long: _____

Have you ever been exposed to or infected with: Gonorrhea___ Hepatitis___ HIV___

Syphilis____ None____