

Main Office - Downtown  
 525 North Tejon Street  
 Colorado Springs, CO 80903  
 (719) 471-2020 Fax (719) 633-7379

**Eye Associates**  
*of Colorado Springs*  
 www.eyeeassoc.com

North Office - Woodmen Rd at I-25  
 7075 Campus Drive #100  
 Colorado Springs, CO 80920  
 (719) 265-5663 Fax (719) 265-5685

**Robert C. Gardner, MD \* Dean W. Carlson, MD \* James P. Barad, MD \* Peter A. Schunk, MD \* Sheron B. Marshall, MD \* Kevin J. Mueller, OD**

**Patient Registration**

Last			First			MI			Date			SSN			
Dr			Sr			Jr			II			III			
Gender			Age			DOB			Mr			Mrs			
Ms			Miss			M			F						
Address						City			State			Zip			
Home Phone															
Employer				Occupation				Marital Status				Spouse/Parent			
Work Phone				S				M				W			
D				Employer Address				Emergency contact				Phone			
Cell/pager															

**Reason for your visit today:**

**Primary Care Physician:**

**Medical Diagnosis - Please circle all that apply to you**

High blood pressure
Diabetes                      Year diagnosed:
Noninsulin    Insulin      Year insulin started:
Heart attack
Heart bypass surgery              Year:
Heart rhythm irregularity
Asthma
COPD/Emphysema
Rheumatoid Arthritis / Lupus / Sjogrens
Stroke
Thyroid disease
Cancer                              Type:
Other:
None of the above

**Medications - Please list all pills and inhalers**


**Medication Allergies - Please list**


**Referred by:**

**Eye diseases, Eye surgeries and Eye injuries - Please list**


**Eye Medications - Please list**


**Review of symptoms - Please circle if present in you today**

Headache	Bleeding tendencies
Cough	Ankle swelling
Shortness of breath	Abnormal urination
Chest pain	Arthritis
Unstable weight	Dizziness or numbness
None of the above	

**Family History - Please circle those present in a blood relative**

Glaucoma	Other:
Macular Degeneration	
Diabetes	None

**Social History - Required by insurance**

Tobacco:	Never smoked
Year started:	Year quit: