



Charles H. Rutan, O.D.
 224 Elm St
 Clinton IN 47842
 (765)832-3292
www.advantageeyecare.org

Miss, Ms., Mr., Mrs., Dr., _____ Date of Birth _____ Age _____

Street _____ Sex : M F Soc. Sec. #: _____

City _____ State _____ Zip _____ Physician _____

Home Tel. (____) _____ - _____ Cell (____) _____ - _____ Do you prefer to receive calls at home or on your cell? Home Cell

E-Mail _____ @ _____ . _____ Communication Preference :

Race: White Asian Black Other: _____ Ethnicity: Hispanic or Latino Not Hispanic or Latino Native Hawaiian / other Pacific Island Telephone Email Postal

What is your Language Preference: English Spanish Other _____ What is the main purpose of your visit today?: _____

Your Medical History			Current Medications / Reason for taking	
Seasonal Allergies	Yes	No	_____	_____
Asthma	Yes	No	_____	_____
Skin Disorder	Yes	No	_____	_____
Arthritis	Yes	No	_____	_____
Cancer Kind: _____	Yes	No	_____	_____
Heart Disease	Yes	No	_____	_____
Kidney Disease	Yes	No	_____	_____
Depression / Anxiety	Yes	No	_____	_____
High Fevers	Yes	No	_____	_____
High Blood Pressure	Yes	No	_____	_____
High Cholesterol	Yes	No	_____	_____
Diabetes _____ yrs Type _____	Yes	No	_____	_____
Other: _____			_____	_____
Your Ocular History			Medication Allergies / Reaction to Medication	
Cataracts	Yes	No	_____	_____
Cataract Surgery	Yes	No	_____	_____
Glaucoma	Yes	No	_____	_____
Macular Degeneration	Yes	No	_____	_____
Lazy Eye	Yes	No	_____	_____
Eye Injury	Yes	No	_____	_____
Eye Disease	Yes	No	_____	_____
Eye Surgery	Yes	No	_____	_____
Other: _____			_____	_____
Family History			_____	_____
Lazy Eye	Yes	No	_____	_____
Cataracts	Yes	No	_____	_____
Macular Degeneration	Yes	No	_____	_____
Glaucoma	Yes	No	_____	_____
Diabetes	Yes	No	_____	_____
High Blood Pressure	Yes	No	_____	_____
Cancer Kind: _____	Yes	No	_____	_____
Other Eye Diseases	Yes	No	_____	_____