



**Dr. Watson**  
Retina Specialist

4505 Pine Tree Cir.  
Suite 120  
Vestavia, AL 35243

Phone: (205) 637-7123  
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**NEW PATIENT FORM**  
**PATIENT TO COMPLETE PRIOR TO APPOINTMENT**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Address: \_\_\_\_\_ Primary Care Doctor: \_\_\_\_\_

\_\_\_\_\_ Referred By: \_\_\_\_\_

**Circle any of the following that you have:**

- Blurred Vision
- History of Cataract Surgery
- High Blood Pressure
- Wear Prescription Glasses
- Cataracts
- Heart Problems
- Hazy or Foggy Vision
- Macular Degeneration
- History of Stroke
- Worsening Vision
- Dry Eye
- Kidney Problems
- Spots or Flashes in Vision
- Glaucoma
- Lung Problems
- Straight Lines Look Curved
- Diabetes
- History of Cancer

List any other eye problems you have had: \_\_\_\_\_

\_\_\_\_\_

List any other medical conditions you have: \_\_\_\_\_

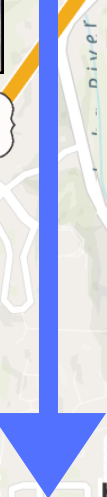
\_\_\_\_\_

List any allergies to medications: \_\_\_\_\_

Dr. Watson and his staff look forward to helping you. Please plan for two to three hours for your first appointment. Bring with you this completed form, your insurance cards, and a list of your medications. If you need to reschedule, please call us so that we can assist you. We look forward to seeing you.



# Dr. Watson's Office



4505 Pine Tree Cir

Colonnade Pkwy

