

**SILVERSTEIN Eye, a division of Niki Silverstein MD, LLC**

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Phone: 908.879.7297  
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**PATIENT QUESTIONNAIRE**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Have you been treated for any illness or conditions since we last saw you? \_\_\_\_\_

Please list your main complaints or ongoing eye problems: \_\_\_\_\_

Do you have any specific questions or concerns about these symptoms? \_\_\_\_\_

Do you feel you need any prescription refills today? \_\_\_\_\_

What medications are you currently taking? \_\_\_\_\_

Please note if your ADDRESS, PHONE#, or INSURANCE has changed: \_\_\_\_\_

Are you interested in any of the following services our office has to offer: (Please circle)

**PRK (Laser Vision Correction)**

**BOTOX**

**BLEPHAROPLASTY**

**EYE LID RESURFACING**

Patient Signature: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

*Vision to Lead.*