

DATE: _____



Please fill out the following information so we can better serve you.

Step 1 PATIENT REGISTRATION

Patient _____
Address _____
City _____ State _____ Zip _____
Home Phone _____
Cell Phone _____
Email Address _____
Sex: M F Birthdate _____ Age _____
Social Security # _____
Marital Status: Married Single Widowed Divorced
Employer _____
Occupation _____
Work Phone _____
Name of Relative or Neighbor NOT living with you
Name: _____
Phone _____

Step 3 MEDICAL HISTORY

Medications: _____

Drug Allergies: _____
Primary Care Doctor: _____
Previous Eye Doctor: _____
List Eye Surgeries: _____
Last Eye Exam: _____
Interested in Contact Lenses? Yes No
Dryness/Discomfort with Contact Lenses: Yes No
Interested in LASIK vision correction? Yes No

Step 2 PATIENT INSURANCE

Name of person policy is under? _____
Policy Holder Employer _____
Relationship to patient _____
Birthdate _____ SS# _____
Insurance Company _____
Group Number _____
Is patient covered by additional insurance? Yes No
Insurance Authorization and Assignment
I HEREBY AUTHORIZE DR. _____
TO FURNISH INFORMATION TO INSURANCE
CARRIERS CONCERNING MY ILLNESS AND
TREATMENTS AND I HEREBY ASSIGN TO THE
PHYSICIAN(S) ALL PAYMENTS FOR MEDICAL
SERVICES RENDERED TO MYSELF OR MY
DEPENDENTS. I UNDERSTAND THAT I AM
RESPONSIBLE FOR ANY AMOUNT NOT COVERED BY
INSURANCE (E.G. DEDUCTIBLE, CO-PAYMENTS,
ETC)
Please Sign: _____

STAFF ONLY :

Medical Insurance _____ Vision Plan _____
1. _____
2. _____
 Always Care
 Avesis
 VCP
 VSP
 Spectera
 Blue Cross (Vision)
 No Vision Plan

Do you currently have or had the following conditions:

General Health: _____ Eyes: _____
 Heart Disease Eye Infections
 Hypertension Retinal Detachment
 Stroke Glaucoma
 Head Trauma Cataracts
 Headaches Macular Degeneration
 Cancer Lazy Eye
 Diabetes Please note any family member
 Thyroid with the following:
 Multiple Sclerosis Blindness
 Asthma Cataracts
 Emphysema Lazy Eye
 Anemia Diabetes
 Depression Glaucoma
 STD (HIV, Herpes) Macular Degeneration
 Arthritis Retinal Disease
 Rosacea