

## Patient Information

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employed By (or school): \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Patient's or primary insured's SSN (if filing insurance) \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Are you a previous patient of this office?  No  Yes

When was your last eye exam (guess if you have to)? \_\_\_\_\_ Where? \_\_\_\_\_

### **\*\*\* IMPORTANT \*\*\***

Please circle your method of payment for today's exam, even if this is only an insurance co-pay:

*Cash*

*Credit/Debit Card*

*(sorry, we no longer accept checks)*

**Insurance** Do you have VISION insurance?  No  Yes If yes, insurance carrier \_\_\_\_\_

Insured person's ID number \_\_\_\_\_ Policy Group Number \_\_\_\_\_

Your relationship to the insured \_\_\_\_\_

Do you have Medicare?  No  Yes Secondary Ins. Carrier? \_\_\_\_\_

Do you have Medicaid?  No  Yes (circle one): Healthy Connections Other \_\_\_\_\_

(Office Use Only) Authorization # \_\_\_\_\_ Plan Code \_\_\_\_\_ Co-Pay \_\_\_\_\_

NCT: OD: OS: CL fits covered?  No  Yes

\*Main reason for today's exam: \_\_\_\_\_

\*Has your vision gotten worse since your last exam, or are you having trouble seeing?  No  Yes

If yes, is it \_\_\_\_\_ far away \_\_\_\_\_ reading up close \_\_\_\_\_ computer

Are your eyes hurting, irritating, burning, or red on an ongoing basis? (circle which)  No  Yes

Are you interested in:  glasses  contacts  both

Have you ever worn contacts before?  No  Yes

Do you sleep in your contacts?  No  Yes If yes, how many nights in a row? \_\_\_\_\_

\*\* How often do you replace each pair of contact lenses (be honest now!)? \_\_\_\_\_

*Name of your primary physician* \_\_\_\_\_

**Please continue onto the back of this sheet and complete the form.**