VISIONBOUTIQUE OPTOMETRY

CONFIDENTIAL PATIENT INFORMATION

❒ Dr. ❒ Mr. ❒ Mrs. ❒ Ms. ❒ Miss ❒ Master ❒ Other _____

Name: Last_____ First_____ MI_____ Sex ❒M ❒F

How may we address you?_____Birthdate_____/_____/_____ SS# last 4 digits_____

Address_____Apt #_____ City_____ State_____ Zip _____

Email address (will not be shared – please write clearly) _____

Home # (_____)_____ Work # (_____)_____Ext_____ Cell #(_____)_____

Employer _____ Occupation _____

Spouse's Name: Last_____ First_____ MI _____

If Child, Names of Parents _____

How did you hear about our office?_____

Date of last vision exam_____ Doctor's name _____

Please check any of the following conditions that you or a family member has now, or has had in the past.

	Self	Family Member		Self	Family Member
Blindness	❒	❒	Retinal Detachment	❒	❒
Cataract	❒	❒	Double Vision	❒	❒
Glaucoma	❒	❒	Amblyopia (Lazy Eye)	❒	❒
Macular Degeneration	❒	❒	Strabismus (Crossed Eye)	❒	❒

In the past, have you had: Eye Infections ❒ Yes ❒ No Eye Injuries ❒ Yes ❒ No Eye Surgery ❒ Yes ❒ No

Do you have any other eye conditions? If so, please list _____

It is important to obtain an in-depth medical history since many diseases of the body can significantly affect your vision and eye health. Please check any of the following that apply.

Sinus Problems	❒	Respiratory Disease	❒	Venereal Disease	❒
Sarcoidosis	❒	Tuberculosis	❒	AIDS	❒
Heart Problems	❒	Diabetes	❒	HIV Positive	❒
Circulatory Problems	❒	Thyroid Disease	❒	Epilepsy	❒
High Blood Pressure	❒	Hepatitis	❒	Multiple Sclerosis	❒
High Cholesterol	❒	Arthritis	❒	Myasthenia Gravis	❒
Lupus	❒	Reiter's Syndrome	❒	Migraine	❒
Crohn's Disease	❒	Shingles/Herpes	❒	Ankylosing Spondylitis	❒

Have you ever used tobacco products? ❒ Yes ❒ No If yes, type/amount/how long _____

Do you drink alcohol? ❒ Yes ❒ No If yes, type/amount/how long_____

Do you have any other health conditions? ❒ Yes ❒ No If so, please list _____

Please list all major injuries, surgeries and hospitalizations you have had _____

_____

Please list any medications you take ***and the reason you take them*** ***(include oral contraceptives, aspirin, over-the-counter remedies, and home remedies)*** _____

_____

_____

Do you have any allergies or adverse reactions to medications? If so, please list _____

Are you pregnant? ❒ Yes ❒ No Are you nursing? ❒ Yes ❒ No

Are you having any problems with your eyes or vision? ❒ Yes ❒ No

If yes, please describe_____

Do you wear eyeglasses? ❒ Yes ❒ No

If yes, do you wear them: ❒ all the time ❒ occasionally ❒ reading only ❒ driving only

Are you planning to get new eyeglasses today? ❒ Yes ❒ No

Are you interested in Laser Vision Correction? ❒ Yes ❒ No

Please answer questions 1-8 if you currently wear contact lenses.

1. What type of contact lenses do you wear? _____
2. How old are your current contact lenses?_____
3. How often do you usually replace your contact lenses?_____
4. How many years have you worn contact lenses?_____
5. What is your typical wearing schedule? ____hrs/day, ____days/week
6. What contact lens solutions do you use? _____
7. Are you having any problems with your contact lenses? ❒ yes ❒ no

   If yes, please describe _____
8. Do your backup eyeglasses have your correct prescription? ❒ yes ❒ no

All of the above is correct to the best of my knowledge. I acknowledge that I have received a copy of the Notice of Privacy Policy information sheet. Thank you for completing this form.

_____ _____

Signature of patient or responsible party Date

INSURANCE INFORMATION

Payment in full for all services and materials is due at the completion of the examination. We accept Medicare and most other medical insurances. We accept VSP, Metlife, and Eyemed vision insurances. I authorize the release of medical or other information necessary to process claims arising from services and materials provided. I also request payment of insurance benefits to the physician accepting assignment for services and materials. I assume all financial responsibility for my account regardless of insurance coverage.

_____ _____

Signature of patient or responsible party Date