

Vision First Eyecare Specialists
L. Page Pond, O.D.

Welcome To Our Office

CIRCLE ONE: Mr. Mrs. Ms. Miss Dr. Rev.

DATE _____

PATIENT:

LAST FIRST M.I. NICKNAME

ADDRESS CITY /STATE ZIP CODE

HOME PHONE BIRTHDATE AGE

WORK PHONE SOCIAL SECURITY#

CELL PHONE SPOUSE'S NAME

REFERRED BY IF MINOR, NAME OF PARENT OR GUARDIAN

EMPLOYER OCCUPATION:

HAVE ANY OTHER MEMBERS OF YOUR FAMILY BEEN SEEN IN THIS OFFICE? IF YES, MAY WE ASK WHO? _____

HOW DID YOU HEAR ABOUT US? _____

DO YOU CURRENTLY WEAR GLASSES, CONTACT LENSES OR BOTH? _____

Insurance

VISION INSURANCE ID# OR POLICY# NAME OF POLICY HOLDER

MEDICAL INSURANCE ID# OR POLICY# NAME OF POLICY HOLDER

RELATIONSHIP TO POLICY HOLDER PRIMARY CARE PHYSICIAN PHONE

Personal History

Are you taking any medications either prescription or over the counter? Yes No If yes, what?

Are you allergic to any medications? Yes No If yes please list.

Have you had any of the following medical disorders? Please circle

Heart Trouble	Diabetes	Thyroid Trouble	Allergies	Retinal Detachment
High Blood Pressure	Lung Disorder	Anemia	Eye Disease	Cataracts
Low Blood Pressure	Sinus Trouble	Ear Trouble	Glaucoma	Other

Family History of Eye Disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does sunlight bother your eyes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have particular difficulty at night?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your work or leisure involve computers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had any head or eye injuries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had any illness that affected your eyes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Thank You!

- Over -

VISION SAFETY NOTICE FOR OPTICAL LENSES

Of all materials from which lenses can be made from, polycarbonate is the most impact resistant. Your plastic or glass lenses will meet or exceed American National Standard Z.08 and FDA requirement 21 CFR Sec. 801.410 for impact resistance, but they are not unbreakable or shatterproof.

I understand that polycarbonate lenses are the most impact resistant, and others will not resist breakage to the same degree.

NOTICE OF PRIVACY PRACTICES

I have read and/or received a copy of this office's Notice of Privacy Practices (HIPAA).

FINANCIAL AGREEMENT

In order to prevent any misunderstanding about medical insurances. We wish to point out that:

Please remember that you are responsible for all fees. Insurance is a contract between you and a third party to reimburse for covered medical expenses. We cannot guarantee insurance company payments if you have not met eligibility, deductibles or utilization requirements. Insurance is not a substitute for payment. If you subscribe to an HMO or PPO plan, please make your co-payment before you leave our office. Remember to read your HMO/PPO book carefully as they will penalize you for not following their rules by non-payment for benefits which would result in our office billing you for the services that they would normally have covered.

All attorney fees and collection agency fees will be charged back to any patient with an outstanding debt over 90 days.

Our office has established a strict cancellation policy. There will be a \$65.00 fee for any appointment cancelled less than 48 hours in advance. By scheduling your appointment and signing this form, you agree to this policy.

I have read and thoroughly understand this agreement.

Patient Signature (or parent or guardian if a minor)

Date