

Patient Information Profile

Today's Date \_\_\_/\_\_\_/\_\_\_

Legal Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Marital Status \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Employer/School \_\_\_\_\_ Social Security Number \_\_\_\_\_

How did you hear of our office? \_\_\_ current patient \_\_\_ referred by Dr. \_\_\_ insurance \_\_\_ internet \_\_\_ Phone Book

Date of last eye examination \_\_\_\_\_ Doctor \_\_\_\_\_ Do you smoke? Y N no longer

Date of last medical exam \_\_\_\_\_ Doctor \_\_\_\_\_ Use alcohol? Y N no longer

Please list any allergies to medications ( ) None \_\_\_\_\_

Please list all medications, including eye drops ( ) None \_\_\_\_\_

Please check any conditions below that apply to you or your family: ( ) None apply

Table with 8 columns: You, Family, You, Family, You, Family, You, Family. Rows include allergies, arthritis, blindness, diabetes, crossed eyes, heart disease, cataract, glaucoma, hypertension, lung disease, thyroid, alcoholism, stroke, kidney problems, ulcers.

Do you ever find wearing eyeglasses inconvenient? \_\_\_ When? \_\_\_\_\_

Your reason(s) for visiting Dr. Middaugh today? Please check all that apply:

- General check up, need new eyeglasses, considering laser surgery, want contact lenses, soft tinted, disposable lenses, bifocal contact lenses, gas permeable lenses, blurred distance vision, blurred near vision, eyes feel tired, double vision, headaches, light sensitive, Low Vision Consultation, other not listed, eyes water, eyes itch, eyes feel dry, pain in eyes, poor night vision, golf/tennis glasses, polarized sunglasses.

Please indicate the number of times in a month you participate in the following activities. Leave blank if not pertaining.

- golf, soccer, scuba, bowling, shooting, gardening, coins/stamps, basketball, swimming, water skiing, running, dancing, crafts, video games, football, fishing, snow skiing, walking, aerobics, sewing, art, tennis, boating, volleyball, rollerblading, weightlifting, music, travel, racquetball, snorkeling, baseball, hunting, theater, photography.

How many hours per day do you spend time on a computer? \_\_\_\_\_ Do you experience any of the following?

- blurred vision, neck aches, eyestrain, fatigue, headaches.

Payment for services is due when rendered, including deductibles, co-pays and non-covered services like refractions for eyeglasses and contact lens professional fees. We will file insurance claims for our patients as a courtesy. If we are on the insurance company's panel, we will wait on payment once deductibles are met. If we are not on the panel, payment is expected today and your insurance company will send any reimbursement to you. Please select your preferred payment method. By signing below, you accept the terms of our financial policy.

cash check credit card Signature \_\_\_\_\_