Name________________________________DOB___________

Preferred____________________ Mobile# ________________

Email ____

Occupation______________ Address ____________________

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EYE CONDITIONS Have you ever been diagnosed with:

- ☐ Cataract
- ☐ Macular degeneration
- ☐ Glaucoma
- ☐ Diabetes
- ☐ Diabetic retinopathy
- ☐ Dry eye
- ☐ Eye infection
- ☐ Flashes of light
- ☐ Floaters
- ☐ Iritis or Uveitis
- ☐ Retina defects
- ☐ Retina degeneration
- ☐ Retinal detachment
- ☐ Eye surgery
- ☐ Eye injury
- ☐ Keratoconus
- ☐ Turned/crossed eyes
- ☐ Corneal abrasion

Other ____

EYE CONCERNS Do you experience any of the following:

- ☐ Redness
- ☐ Burning
- ☐ Itching
- ☐ Tearing
- ☐ Discharge
- ☐ Dryness
- ☐ Grittiness

VISION CONCERNS Have you noticed any of the following:

- ☐ Blurred vision
- ☐ Eye strain
- ☐ Eye pain
- ☐ Sensitivity to light
- ☐ Poor night vision
- ☐ Bothersome night glare
- ☐ Double vision
- ☐ Total loss of vision

Other ____

HEALTH REVIEW Have you ever been diagnosed with:

- ☐ Cancer
- ☐ Multiple sclerosis
- ☐ Stroke
- ☐ Headaches
- ☐ Migraine
- ☐ High blood pressure
- ☐ Asthma
- ☐ Arthritis
- ☐ Shingles
- ☐ Eczema
- ☐ Type 1 diabetes
- ☐ Type 2 diabetes
- ☐ Thyroid dysfunction
- ☐ Environmental allergies
- ☐ Lupus
- ☐ Sjogren's Syndrome

Other ____

Are you pregnant/nursing now? ☐ Yes ☐ No

CURRENT MEDICATIONS (Rx and non-Rx, including drops, vitamins and birth control):

____

____

ALLERGIES TO MEDICATIONS

____

____

FAMILY HISTORY Are any of the following conditions present in any members of your blood relatives?

- ☐ Diabetes
- ☐ Hypertension
- ☐ Hyperthyroidism
- ☐ Hypothyroidism
- ☐ Cancer
- ☐ Macular Degeneration
- ☐ Glaucoma
- ☐ Cornea or Retinal issues

Other ____

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FINANCIAL AND PRIVACY RESPONSIBILITIES

In Focus Eye Center is happy to directly bill insurance for our patients when possible; however, we do not guarantee insurance payment. Any remaining balance after insurance benefits are applied is the responsibility of the patient. While we do inform our patients of balances, any amount that is not paid within 90 days is considered overdue and will be sent to a collections agency.

In the event of a credit patients will receive a prompt refund for all amounts $25 or more while all other will be credited to our patient's account, unless requested in writing.

Payments by check that are returned as Insufficient Funds will be charged $40 for processing.

All patients must read through the attached "Notice of Privacy Practices." Any questions can be addressed to our staff.

"I understand and agree to the above Financial Responsibilities as well as the Notice of Privacy Practices for In Focus Eye Center."

Signature ____

Date ____

If the patient is a minor, please sign above to indicate you give permission to treat the patient today and print your name here

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IN
FOCUS
EYE CENTER