Welcome To Pacific Optical

Date of Last Exam: ________________ Today's Date: __________________

Personal Information:
Name (last name first): ____
Address: ____
City: __________________________________ State: _________ Zip Code: _______________
Home Phone: (______) ________________ Work: (______) __________________
Mobile: (________) ___________________
Birth Date: ___/___/___ Age: ____ Sex: M / F Email address: _________________

Insurance Information: (We will need a copy of your insurance card.)
Employer: ________________________________ Occupation: __________________________
Vision Insurance Company: ____________________________ SS#: ______________________
Spouse's Name: _______________________________ Spouse's DOB:___________________

Statement of Understanding: *I give Pacific Optical permission to bill my insurance company on my behalf. I understand that verifying eligibility and benefits* ***does not*** *guarantee payment. Should my insurance company, for any reason, fail to reimburse Pacific Optical, I will be responsible for any outstanding balance. I also authorize release of personal information to my insurance company. I have received a copy, read, and understand the HIPAA rules.*

Signature (parent/ guardian if patient is a minor): ________________________Date:_________

Medical Information: (Circle Yes or No)

				Circle (Y)ourself	(F)amily
Blurry Vision at Distance	Y	N	High Blood Pressure	Y	F
Blurry Vision at Near	Y	N	Diabetes	Y	F
Headaches	Y	N	Glaucoma	Y	F
Flashes of Light	Y	N	Cataract	Y	F
Spots or Floaters	Y	N	Macular Degeneration	Y	F
Glare at Night	Y	N	Retinal Detachment	Y	F
Eye Fatigue	Y	N	Blindness	Y	F

General Health: Good/ Average/ Poor Eye Conditions (specify)_______________________

List current health conditions:____
List prescription drugs you are currently taking:_______________________________________
Are you allergic to any medications?____

Contact Lens and Special Vision Demands Information:
Do you currently wear contacts? Y N
What type? Disposable, Toric, Daily Wear? ____
Do you work with a computer? Y N If yes, how many hours a day?_______________
Do you play sports? Y N
What sports do you play?____
Whom may we thank for referring you to our office today?__________________________