

Name Address City Zip Phone Email Preferred Contact [] Ph [] Email Sex [] M [] F Occupation Employer Date of Birth

Vision Insurance [] VSP [] MES [] Davis [] Spectera [] Eye Med [] Optum [] Other

Medical Insurance [] Medicare [] MediCal [] Blue Cross [] Blue Shield [] UHC [] Other

If patient is NOT the primary subscriber, please fill out for the insured:

Name Sex [] Male [] Female Insured SSN Employer Patient's Relation to Insured [] Spouse [] Child [] Other Date of Birth

Purpose of Visit [] Glasses [] Contact Lens [] Laser Surgery Evaluation [] Other

Date of Last Exam Location of Last Exam

Reason For Seeking Vision Care At This Time

Patient Information

Table with 3 columns: Question, Yes/No, and Do you or any family members have: Yes/No. Includes questions about eyeglasses, contact lenses, eye strain, diabetes, hypertension, etc.

Dilation Information

Your doctor may need to dilate your eyes today. Dilating the pupils with eye drops allows your doctor to obtain a better view inside your eyes to examine for many eye diseases.

- [] I consent to have my eyes dilated, if advised.
[] I wish to reschedule this part of the eye exam.
[] I do not wish to be dilated. I understand the above and decline dilation at this time.

HIPPA Privacy

I acknowledge and agree that I have received a copy of the Notice of Privacy Practices for review and to keep for my records on the date identified below.

Signature Date

(Parent or Legal Guardian signature if patient is under 18 years of age)