Patients NEW to our office or RETURN patients not seen in the last 3 years

Date_____
First Name_____MI____Last Name_____Date of Birth_____
Address_____City_____State_____Zip_____
Home Phone (____)_____Cell Phone (____)_____Okay to receive texts? Yes No
Work Phone (____)_____Occupation_____Employer/School_____
Email Address_____Okay to receive emails? Yes No
Spouse/Guardian's Name_____
Who may we thank for referring you to this office?_____

TO GIVE YOU A MORE THOROUGH EXAM, PLEASE **CIRCLE** ANY OF THE FOLLOWING PROBLEMS YOU ARE CURRENTLY EXPERIENCING:

Blurred Vision	Diabetic	Double Vision	Dry Eyes	Eye Pain/Soreness
Headaches	Itching Eyes	Red Eyes	Sandy/Gritty Feeling	Sleep Apnea
Spots/Floaters	Tired Eyes	Watery Eyes	Other_____	

Are you worried about **Cataracts**? Yes No Are you worried about **Glaucoma**? Yes No

Date of Last Vision Exam_____Date you received present glasses_____

Do you currently wear contact lenses? Yes No Soft/Gas Permeable

Are you interested in learning more about the benefits of contacts or refractive surgery? Yes No

Have you ever had your eyes dilated? Yes No

Do you work with a computer? Yes No Hours per day_____

Do you use any tobacco products? Yes No

MEDICATIONS CURRENTLY TAKING:_____
_____

MEDICATION ALLERGIES_____

FAMILY PHYSICIAN NAME_____PHONE_____

PLEASE **CIRCLE** ANY OF THE FOLLOWING PROBLEMS IN **FAMILY MEMBERS**:
Diabetes Cataracts Glaucoma Blindness Macular Degeneration

INSURED NAME (FINANCIALLY RESPONSIBLE PERSON/PARENT)
First Name_____MI____Last Name_____Date of Birth_____
Social Security # (**Last 4 digits only**)_____
Vision Insurance Company _____Medical Insurance Company_____
ASSIGNMENT & RELEASE: I hereby assign my insurance benefits to be paid directly to N. Ridgeville Eye Care, Inc. I am financially responsible for non-covered services. I also authorize this office to release medical information deemed necessary by my insurance and have been provided its PRIVACY POLICY.
SIGNED (Patient or Parent, if minor)_____Date_____

Please complete the Review of Systems form also