



Welcome
 Please have your medical insurance card
 and eyeglasses/ contact lenses
 at your appointment

Patient Demographics					
Last name	First name		MI	Nickname	
Birth Date	Sex	Race		SSN	
Address			City State Zip		
Cell Phone	Home Phone		Email		
Marital Status	Occupation		Employer	Work Phone	
Insurance Subscriber:		Subscriber ID No.:		Subscriber Birth Date:	
Who can we thank for referring you? Or, how did you find us? Drive By - Insurance - Google - Facebook - Other (please specify)					
Primary Care Physician:			Pharmacy/Location:		

Medical History - Please include Past and Current conditions					
Ocular Problems	Self	Family (relationship)	Psychiatric	Self	Family (relationship)
Glaucoma			Depression		
Dry Eye			Anxiety		
Cataract			Constitutional	Self	Family (relationship)
Amblyopia (Lazy Eye)			Cancer (Type?)		
Macular Degeneration			Developmental		
Inflammatory Disease			Immunologic	Self	Family (relationship)
Retinal Detachment			Rheumatoid Arthritis		
Strabismus (Eye Turn)			Lupus		
Neurological	Self	Family (relationship)	Blood/Lymph	Self	Family (relationship)
Headaches			Anemia		
Cerebral Palsy			Blood Disease		
Multiple Sclerosis			Genitourinary	Self	Family (relationship)
Tumor			Prostate Disease/Cancer		
Epilepsy			STD		
Cardiovascular	Self	Family (relationship)	Kidney Disease		
Vascular Disease			Gastrointestinal	Self	Family (relationship)
Stroke			Colitis		
Congestive Heart Failure			Crohn's Disease		
Heart Disease			Ulcer		
High Blood Pressure			Irritable Bowel Syndrome		
High Cholesterol			OTHER	Self	Family (relationship)
Endocrine	Self	Family (relationship)			
Diabetes – Type 1 or 2?					
Thyroid (Hypo/Hyper)					
Hormonal Dysfunction					

Medical (cont.)	
Please list any medications including eye drops, over the counter medications, and supplements you are currently taking: _____	
Please list any allergies:	
Major Illness, Injury, or Surgery:	
Are you currently pregnant or nursing?	
Do you smoke?	Do you drink alcohol?

Current Eye Concerns					
	Yes	No		Yes	No
Blurred or Double Vision			Floaters		
Eye Injury			Difficulty in low light		
Flashes			Difficulty while driving		

Contact Lens Services		
<p>Wake Forest Eye Care Center prescribes quality contact lenses to improve your vision and lifestyle. Contact lenses are FDA regulated medical devices that can cause discomfort, infections, and even permanent vision loss if not cared for properly.</p> <p>New and existing contact lenses wearers require additional time and testing during an eye examination to minimize the risk of serious eye problems. For this reason, there are additional contact lens evaluation and service fees, which covers:</p> <ol style="list-style-type: none"> 1) Specific curvature measurements of the corneas. 2) Evaluation of current and new lenses to ensure optimal fit, vision, and comfort. 3) Medical assessment of the cornea, tear film, and conjunctiva as they relate to the contact lens wear. 4) Instructions regarding safe contact lens wear, care, and proper cleaning and solutions. 5) Contact lens follow up fitting and care for up to 90 days after initial examination. 		
I acknowledge the above and consent to evaluation, exam, and services for Contact Lenses	Yes	No

Consent for Treatment: I hereby authorize Wake Forest Eye Care Center to administer diagnostic and medical procedures as may be necessary.

Notice of Privacy Policy: I hereby acknowledge I have received notice of my rights under HIPPA as it applies to my visit at Wake Forest Eye Care Center.

Insurance: I hereby authorize Wake Forest Eye Care Center to file applicable insurance claims, including the release of any medical or other information necessary to process claims. I acknowledge that most insurance policies pay only a portion of total charges. Wake Forest Eye Care Center does not guarantee the accuracy of benefit information provided to us by insurance companies. Patient is responsible for any and all remaining balances not covered by insurance. Patients are responsible for all late penalties, collections fees, and returned check fees.

Patient Rights: Wake Forest Eye Care Center guarantees the right to itemized receipt(s), exam records, and current prescriptions upon request.

Signature: _____ Date: _____