

THE FOLLOWING INFORMATION IS NECESSARY FOR INSURANCE CLAIMS

MARK A. DAVIS, O.D., FFAO

DATE: \_\_\_\_\_

Do you need an exam for: GLASSES \_\_\_\_\_ CONTACTS \_\_\_\_\_ BOTH \_\_\_\_\_

Patient Name: Mr. Mrs. Ms. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Last Exam Date: \_\_\_\_\_

Ins. Type: \_\_\_\_\_ Insured Name and SS#: \_\_\_\_\_

Form of Payment: cash \_\_\_\_\_ check \_\_\_\_\_ charge \_\_\_\_\_ insurance \_\_\_\_\_

E-mail: \_\_\_\_\_ Referred by: \_\_\_\_\_

MEDICAL HISTORY

Are you presently under a physician's care? \_\_\_\_\_ YES NO

Describe: \_\_\_\_\_

Are you currently taking any medication? \_\_\_\_\_ YES NO

List medications: \_\_\_\_\_

Do you have any allergies to medications? \_\_\_\_\_ YES NO

List any allergies: \_\_\_\_\_

Do any family members have diabetes? \_\_\_\_\_ YES NO

Do any family members have glaucoma? \_\_\_\_\_ YES NO

Do any family members have any eye diseases? \_\_\_\_\_ YES NO

Have you ever had a reaction to eye drops? \_\_\_\_\_ YES NO

Do you smoke? \_\_\_\_\_ YES NO

Do you drink alcohol? \_\_\_\_\_ YES NO

Circle any of the following which you have had or are being treated for

Allergy/Hay fever	Kidney trouble	Thyroid trouble	Glaucoma	Anemia
Ear trouble	Heart trouble	Diabetes	Sinusitis	Headache
High Blood Pressure	Loss of vision	Double vision	Eye surgery	

Do you wish to have the results of today's exam sent to your primary care physician? YES NO

If yes, name of physician: \_\_\_\_\_

**I have read the patient HEALTH PRIVACY DISCLOSURE, and I ACCEPT/REFUSE authorization.**

Please note that professional fees are non-refundable

**ATTENTION:** Contact lens wearers may be given a pair of trial lenses for their benefit. They are provided to test for patient acceptance. Please do not order contacts if there is a problem. Once opened, contact lenses may NOT be returned or exchanged for credit.

Signature: \_\_\_\_\_