Brookes Family Eye Care

Please present your insurance card(s) and your photo ID to the receptionist.

We will make a copy of each and return them to you promptly.

Thank you for your cooperation.

PATIENT INFORMATION

Last Name _____ First Name _____ DOB (mm/dd/yyyy) _____ SS # _____

Street Address _____ City _____ State _____ Zip _____

Primary Phone (H, C) _____ Preferred method of electronic contact: Text Msg. ____ Automated Call: ____ Email address (please write clearly) _____

Primary Care Physician _____ Phone# _____ Emergency contact Name/Number _____ Referred By _____

INSURANCE INFORMATION

Named of Insured (primary member): _____ **DOB:** _____ **SS# (last four)** _____

Please list any Medications/Vitamins and dosage:

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

General Health:_____ **Allergies**:_____ **Other**:_____

CURRENT EYE CONDITIONS:

___ Pain/Infection/Injury ___Double Vision ___Cataract ___Dry Eye ___ Lasik/PRK ___Eye Surgeries
___Flashes/Floaters ___Glaucoma ___Tearing/Itching/Burning ___Other_____

PAST HISTORY OF:

___Glaucoma ___Cataract ___Macular Degen ___Surgery ___Hypertension ___Diabetes
___Anxiety/Depression ___Headaches/Migraines ___High Cholesterol
__Other_____

FAMILY HISTORY:

___Glaucoma ___Cataract ___Macular Degen ___Eye Surgeries ___Hypertension ___Diabetes
___Other_____

PLEASE CHECK YES OR NO:

Do you smoke? ___ ___ **How much:**_____
Y N

Do you drink alcohol? ___ ___ **How much:**_____
Y N

HIPAA REGULATIONS

So that our office may comply with HIPAA regulations, please provide the following information:

- Race (circle one)**:** American Indian OR Alaska Native; Asian; Black OR African American; Native Hawaiian OR Other Pacific Islander; White
- Ethnicity (circle one)**: Hispanic or Latino; Not Hispanic or Latino**

I accept financial responsibility for payment of any portion of vision services or products provided for me, my spouse, and/or dependants that are not paid by my insurance (deductibles, co-pays, etc.).

Patient's Signature: _____ **Today's Date:** _____