



PATIENT INFORMATION

Name _____ Birthdate _____ Age _____
Address _____ City _____ State _____ Zip _____
Phone (H) _____ (C) _____ Social Security #(last 4-digits) _____
E-mail address _____
Employer/ Occupation _____ Phone (W) _____
Sex: Male Female Do you live alone? Yes No
 Single Married Widowed Divorced
Spouse's Name _____ Phone _____
Do you Smoke? Yes No (If yes, how much _____)
Do you operate a motor vehicle? Yes No
Hobbies _____
Primary Care Physician _____ Date of last exam _____
What is the reason for your visit today? _____

IN CASE OF EMERGENCY, CONTACT PERSON

Name _____ Relationship _____
Phone (H) _____ (W) _____ (C) _____

See reverse

Are you using any eye drops of any kind (over-the-counter or prescription)? (please list)

Are you using any medications or vitamins of any kind (over-the-counter or prescription)? (please list)

Are you currently being treated for any medical conditions? (please list)

Are you allergic to any medications or latex? (please list)

Do YOU or ANY of your Blood relatives have any of the following conditions?

(If so, please specify who and date of occurrence or onset)

- _____
- Cataracts _____
- Glaucoma _____
- Macular Degeneration _____
- Retinal Detachment _____
- High Blood Pressure _____
- Asthma _____
- Heart Dis./ Irreg. Heart Beat _____
- Migraines/Headaches _____
- Auto Immune _____
- Herpes Simplex _____
- HIV _____
- Diabetes _____
- Stroke _____
- Other _____

RELEASE OF INFORMATION

I assign all medical/surgical benefits to Robbins Eye for services performed by Robbins Eye staff and authorize the release of information concerning my care to the health insurance agency.

I understand and agree that, regardless of insurance status, I am ultimately responsible for the balances of my account for any professional services rendered. Furthermore, I understand that if my account is turned over for collection, I will be responsible for all fees and expenses incurred by any collection agency or attorney.

SIGNED _____ DATE _____ (Patient/

Guardian/ Responsible individual – must be 18 years or older to sign)