Patient Information & History

Name: _____ M/F Today's Date: ___-___-___
(LEGAL FIRST) (M. I.) (LAST) (PREFERRED NAME)

Physical Address: _____ Phone#_____ Updated: ___-___-___

City/St/Zip:_____ Work/mobile# _____ ___-___-___

Spouse/Guardian:_____ Work/mobile#_____ ___-___-___

Birth Date: ___-___-___ Occupation/Employer _____ Last Eye Exam: ___-___-___

Name of Medical Doctor(s): _____ Last Medical Exam:___-___-___

Medical & Social History

Do you have any allergies to medications? □ no □ yes If yes, explain: _____

_____

List any medications you take (including oral contraceptives, aspirin, over the counter medications, herbs & vitamins):

_____

_____

_____

Do you wear glasses? □ no □ yes
Do you wear contact lenses? □ no □ yes □ Rigid □ Soft □ Extended wear Are they comfortable? □ yes □ no
Are you pregnant and/or nursing? □ no □ yes
Do you use tobacco products? □ no □ yes If yes, type/amount/how long: _____
Do you drink alcohol? □ no □ yes If yes, type/amount/how long: _____
Do you use illegal drugs? □ no □ yes If yes, type/amount/how long: _____
Have you ever been exposed to or infected with: □ Hepatitis □ HIV □ Syphilis □ Chlamydia

Personal & Family History

Please note any personal (self) or family history (parents, grandparents, siblings, children; living or deceased) of the following conditions:

DISEASE/CONDITION	NO	YES	?	RELATIONSHIP TO YOU
Blindness	□	□	□	_____
Cataract	□	□	□	_____
Eye surgery/eye injury	□	□	□	_____
Crossed Eyes/Lazy eye	□	□	□	_____
Glaucoma	□	□	□	_____
Macular Degeneration	□	□	□	_____
Retinal Detachment/Disease	□	□	□	_____
Arthritis	□	□	□	_____
Cancer	□	□	□	_____
Diabetes	□	□	□	_____
Heart Disease	□	□	□	_____
High Blood Pressure	□	□	□	_____
Kidney Disease	□	□	□	_____
Lupus	□	□	□	_____
Thyroid Disease	□	□	□	_____
Other	□	□	□	_____

I DO HEREBY AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS THIS CLAIM, AND REQUEST PAYMENT OF ANY MEDICAL BENEFITS TO DR. SETH A. THIBAULT, DR. TROY O MAYDEW AND/OR DR. ANDREW PIESTER.

SIGNED_____ **DATE**_____

If this account is assigned to an attorney for collection and/or suit, the prevailing party shall be entitled to reasonable attorney's fees and costs of collection.