

Patient History Information (PHI) – NPP

Name: Age Sex: M F Birth Date:
 Address: Home Phone:
 City: State: Zip: Cell Phone:
 Employer / Occupation: Soc Sec No:
 Last EYE EXAM: Where/Who?
 Medical Doctor: Reason for choosing our office:

I am using: Over-the-counter glasses. – prescription glasses – NO GLASSES

I am here also for Contact lenses:

New fit [never worn].

Current/experienced wearer. Prescription:

Family Eye History: blindness – cataracts - glaucoma – macular degeneration – retinal detachment

Family Medical History: cancer – diabetes- high blood pressure

Your Social History: smoke – use alcohol – disabled – student – employed - unemployed

Your Medical History:

List any allergies to Meds:

List Meds you are taking: Attach list if available:

Your Current Health Issues:

Eyes: blurry–burns–cataracts–glaucoma–itchy–tired–waters

Other:

Bones/Joints/Muscles: fibromyalgia– joint pain–muscle pain–rhumatoid arthritis

Constitutional: fever – weight gain - weight loss

Ears/Nose/Mouth/Throat: allergies – chronic cough- dry throat/mouth - sinus

Endocrine: diabetes - thyroid/other glands

Gastrointestinal: constipation - Crohn's disease – diarrhea

Neurological: headaches – migraines – seizures - ADHD

Respiratory: asthma – chronic bronchitis – emphysema

Psychiatric: anxiety – bipolar - depression

Vascular/Cardiovascular: cholesterol - heart – high blood pressure

INSURANCE(S): ALL INSURANCE CARDS MUST BE PRESENTED FOR TODAY'S VISIT.

Patient is responsible for applicable co-pays/deductibles today and for any non-covered/remaining balances. Claims not paid by insurances after 90 days will become patient's responsibility.

Signing below will serve as your 'Signature on File'.

How Will You Be Paying Today? Cash Check Debit Credit Card Care Credit
 (Sorry.. we are not able to extend personal credit)

HIPAA Privacy Notice: Our office strictly adheres to your privacy rights and its laws.

Please ask to View or to receive a Copy of this Notice. Sign below to acknowledge receipt of this.

.....
Patient/guardian Signature

.....
Date