

PATIENT INFORMATION

DATE _____

NAME: FIRST _____ MIDDLE INITIAL _____ LAST _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ CELL _____ DATE OF BIRTH _____

EMAIL ADDRESS _____ DO YOU WEAR CONTACT LENSES? _____

OCCUPATION _____ BRAND _____ ISSUES? _____

DATE AND PLACE OF LAST EYE EXAM _____

REASON FOR TODAY'S VISIT _____

REVIEW OF SYSTEMS DO YOU HAVE OR HAVE YOU HAD... Circle "Y" (yes) or "N" (no).

EYES Eye Drop Use Y N Eye Surgery Y N Eye Injury Y N Eye Infection/Disease Y N Dry Eyes Y N Itchy Eyes Y N Lazy Eye (Amblyopia) Y N Glaucoma Y N Macular Degeneration Y N Cataracts Y N ENDOCRINE Diabetes Y N Thyroid Y N PREGNANT NOW? Y N	EAR, NOSE, THROAT, HEAD Allergies Y N Headache Y N NEUROLOGICAL Migraine Y N Seizures Y N SKIN Cancer on Face Y N Acne Rosacea Y N VASCULAR High Blood Pressure Y N High Cholesterol Y N Heart Problems Y N Stroke History Y N PSYCHIATRIC ISSUES Y N	RESPIRATORY Asthma Y N COPD Y N GASTROINTESTINAL Acid Reflux Y N Colon Disease Y N GENITOURINARY Kidneys/Bladder Y N Dialysis Y N BONES, JOINTS, MUSCLES Arthritis Y N Rheumatoid Factor Y N CANCER Y N OTHER _____
---	--	---

MAJOR SURGERY _____

FAMILY HISTORY Do any of your parents, grandparents or siblings have... Circle "Y" (yes) or "N" (no).

GLAUCOMA? Y N DIABETES? Y N RETINAL DETACHMENT? Y N MACULAR DEGENERATION? Y N

MEDICATIONS YOU ARE TAKING (Do you have a list to copy?) _____

ALLERGIES TO MEDICATIONS OR ENVIRONMENT _____

PRIMARY CARE DOCTOR _____ DO YOU SMOKE? _____

HOW DID YOU HEAR ABOUT OUR OFFICE? Return patient Insurance Advertisement Walk-in
Phonebook Family/Friend _____

I authorize release of any information to insurance companies in order to process all claims. I understand that I am responsible for any co-payments and deductibles at the time services are rendered. If I have not met my annual deductible, I understand that I am responsible for the unmet amount.

I acknowledge that I have received and read a copy of Dr. Zondag's "Notice of Privacy Practices Policy."

Signature _____

Signature _____