

Last Name _____ First Name _____ MI _____

Female Male Birth date ____/____/____ SS# ____/____/____

Cell () _____ - _____ Home () _____ - _____ Work () _____ - _____

May we contact you via email? YES NO E-mail address _____

Current Address _____ City _____ Zip _____

Permanent Address _____ City _____ Zip _____

Occupation _____ Employer _____ Hobbies/sports _____

Name of spouse (if married) _____ If under 18, parents' names _____

How did you find out about us? _____

Year of your last eye exam _____ Year glasses were made (clear) _____ Year sunglasses were made _____

Do you want a prescription for contacts? YES NO Do you wear contacts now? YES NO

I understand a contact lens prescription has additional fees for the fitting and/or evaluation (initial) _____

Primary reason for this exam _____

Health History (check all that apply)

- Allergies Drug Sensitivities Eye or Head Injuries Computer use _____ hours/day
 Headaches Eye Surgery/Therapy Glaucoma Tobacco use _____ packs/week
 Diabetes High Blood Pressure Eye Disease Alcohol use _____ drinks/day

Medications (that you take regularly) _____

Family Health History (check all that apply to parents, grandparents, and/or siblings)

- Cataracts Macular Degeneration Eye Surgery (not cataract)
 Glaucoma Diabetes Other _____

Insurance (check all that apply) Card required for Medicare, Medi-Cal and "Other"

- VSP EyeMed MES (Medical Eye Services)
 Medicare Medi-Cal Other _____

Full payment is due at the time of all professional services.

Materials require a 50% minimum at order, with the balance due at dispensing.

TERMS & CONDITIONS: I understand that the responsibility for all charges whether or not paid by insurance, including any deductible amount, co-insurance or non-covered services for myself or my dependents is mine, due and payable at the time services are rendered. Further, I understand that the office staff will assist me in submitting the appropriate insurance forms. However, discrepancies in payment between the insurance carrier and the charges incurred are my responsibility.

Signed (Financially Responsible Party) _____ Date ____/____/2009