

Welcome to **Eyes On Rosemont!** Please take a moment to complete this form. Front & Back, please! Thank you!

Patient Form (please print)

Today's Date ____/____/____

NAME _____ Nickname _____

Last

First

Middle I

MAILING ADDRESS _____

Street

City

State

Zip

HOME PH _____ WORK PH _____ CELL PH _____

EMAIL ADDRESS _____

DATE OF BIRTH ____/____/____ SS # _____ MALE ____ FEMALE ____

MARITAL STATUS _____ EMPLOYER _____

ETHNICITY _____ PREFERRED METHOD OF CONTACT _____

PRIMARY CARE PHYSICIAN _____ CITY _____

HEALTH INSURANCE COMPANY _____ VISION PLAN _____

POLICY HOLDER _____

If Patient is a minor, name and address of Responsible Adult: _____

Reason for today's visit? _____

How many hours per day are you in front of a computer and/or hand-held device? _____

What is your job or profession? _____

What are your hobbies and interests? _____

Do you currently wear "Full-time" glasses? YES ___ NO ___

Do you currently wear "Alternate Use" glasses? YES ___ NO ___ (IE: reading, occupational, leisure)

Do you wear prescription sunglasses? YES ___ NO ___

Do you currently wear contact lenses? YES ___ NO ___

Would you like to try contacts? YES ___ NO ___

Do you have family members that are patients at either Eyes on Rosemont or Eyes on Old Port?

YES ___ NO ___ If yes, their name(s), please _____

Preferred Pharmacy _____

Eye Disease History – Please check any conditions or diseases that you have or have had in the past:

_____ Glaucoma	_____ Diabetic Retinopathy	_____ Macular Degeneration
_____ Cataract	_____ Hyper Cholesterol	_____ Hypertension
_____ Diabetes	_____ Dry Eye Syndrome	_____ Other _____

* * * * *

If this is your **first** visit, did someone refer you to us? Put their name here and they will receive our Share the Care Credit! _____

Please remember for your Yearly Eye Exam appointment:

- _____ **A current Photo ID** (to protect you, our patient, we ask you provide this ID)
- _____ **Your current Medical Insurance Card** (and Vision Insurance Card, if you have one)
- _____ **A List of any Medications, including Supplements, that you are currently taking**
- _____ **Please, wear your glasses to the appointment (rather than your contact lenses)**

We, the Doctors and Staff, Thank You for choosing Eyes on Rosemont! Your vision is our concern!