

# Welcome

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have questions, we will be glad to help you. We look forward to working with you in maintaining your health.

## Patient Information

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
LAST NAME FIRST NAME INITIAL

Address \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

Sex  M  F Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  Single  Married  Widowed  Divorced

Patient Employed by \_\_\_\_\_ Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_ Email \_\_\_\_\_

I will personally file for my own vision insurance coverage.

## Account Responsible

If different from above

Person Responsible for Account \_\_\_\_\_  
LAST NAME FIRST NAME INITIAL

Relation to Patient \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Address (if different from patient) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Preferred Phone \_\_\_\_\_

## Health Insurance Information

**Many eye problems are covered by your Health Insurance**

Health Plan \_\_\_\_\_ Phone \_\_\_\_\_

Subscriber # \_\_\_\_\_ Group # \_\_\_\_\_ Effective Date \_\_\_\_\_

Subscriber's Name \_\_\_\_\_ Relation to Patient \_\_\_\_\_ Birth Date \_\_\_\_\_

Subscriber Employed by \_\_\_\_\_ Business Phone \_\_\_\_\_

Do you have a deductible to meet? \_\_\_\_\_ Deductible amount \_\_\_\_\_

## Vision Plan Information

Vision Plan \_\_\_\_\_ Phone \_\_\_\_\_

Subscriber # \_\_\_\_\_ Group # \_\_\_\_\_ Effective Date \_\_\_\_\_

Subscriber's Name \_\_\_\_\_ Relation to Patient \_\_\_\_\_ Birth Date \_\_\_\_\_

When was the last time this patient used his/her vision plan benefits? \_\_\_\_\_

## DILATION

Eye drops are used that temporarily act to increase the size of the pupils. These drops also temporarily decrease the ability to change focus from one distance to another, mainly near focus. By enlarging the pupils, Drs. Floyd and Rosenberg can examine the inside of your eyes more thoroughly, and provide you the very best in eye care. Without pupillary dilation, certain eye diseases and abnormalities can go undetected. The disadvantages to having your eyes dilated include temporary slight stinging upon installation of the drops, blurry vision at near and light sensitivity. (Your driving may be affected, great caution is advised.) There is also a rare phenomenon called "Acute Narrow Angle Glaucoma" which is possible in a small group of patients. If you are at risk for this condition, the doctor will inform you of that risk in advance.

I give my consent for pupillary dilation today. Yes No \_\_\_\_\_ (Initial)

The following additional tests are **NOT** covered by Vision Service Plan or Davis Vision

## RETINAL PHOTOS

We can take pictures of the internal structure of your eyes to look for and document eye disease. In most cases this can be done in less than 10 minutes without dilating the eyes. This procedure also helps us detect subtle changes in your eyes over time which may sometimes go unnoticed. It will also help us determine the presence of retinal and optic nerve disease and monitor or detect glaucoma, diabetes, and many other problems.

**The additional cost for this procedure is \$24.00**

I would like to have these photos taken today. Yes No \_\_\_\_\_ (Initial)

**AUTOMATED VISUAL FIELD SCREENING** maps out your vision, checking areas of lost sight in the central and peripheral visual fields. The objective of this more thorough test is to detect early signs of sight-threatening eye conditions such as: Glaucoma, Optic Nerve disorders, and Tumors of the visual pathway. Virtually all of the major causes of blindness in the United States can be detected by changes in your visual field. Therefore, we highly recommend this test for all our patients as part of their comprehensive exam. The test takes approximately 3 minutes per eye.

**The professional fee for this additional service is \$24.00.**

I would like to have an automated visual field test today. Yes No \_\_\_\_\_ (Initial)

Date: \_\_\_\_\_