

**PRECISE FAMILY EYECARE**

Welcome back to our office. It is always a pleasure to serve you.  
Please take a moment to let us know of any changes in your personal information.

Name: \_\_\_\_\_

Please check box if there are no changes.

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

What is the main purpose for your visit today?

\_\_\_\_\_  
\_\_\_\_\_

Please check box if there are no changes, otherwise note your changes on the line.

Medical history \_\_\_\_\_

Ocular history \_\_\_\_\_

Current medication (and dosage if known) \_\_\_\_\_

Any allergies to medications: \_\_\_\_\_

Vision Insurance: \_\_\_\_\_

Please check any of these eye symptoms that you currently experience:

\_\_\_ Blurry distance vision \_\_\_ Poor night vision \_\_\_ Light sensitivity \_\_\_ Double Vision \_\_\_ Floaters

\_\_\_ Blurry near vision \_\_\_ Temporary vision loss \_\_\_ Flashes of light \_\_\_ Itchy eyes \_\_\_ Dry eyes

Please Circle: **\*\*Please note, if both tests below are desired then circle package price \*\***

1. Visual Field Testing for Nerve Sensitivity: (Cost: \$22) Yes No

2. Wellness Ocular Scan Imaging Only: (Cost: \$45) Yes No

3. Both Above for Complete Ocular Health Screening: (Cost: \$55) Yes No

Dilation to check ocular internal health: Yes No

\*Consent to use or disclose health information for treatment, payment, and health care operations.

\*For Insurance Patients – Assignment and Release: I hereby authorize my insurance benefits be paid directly to the physician and I am financially responsible for non-covered services.

I also authorize the physicians to release any information required to process this claim.

\*Payment is required at the time services are rendered. Please do not ask us to extend credit or bill you.

Professional fees are non-refundable. Method of payment: cash check credit card/debit other

Sign to acknowledge all of above: \_\_\_\_\_ Date: \_\_\_\_\_

We are Committed to Patient Education, State of the Art Instruments, and Healthy Eyes.

We appreciate this Opportunity to Serve You

PLEASE RETURN THIS FORM TO THE FRONT DESK WHEN COMPLETE