Precise Family Eyecare, P.C.

PATIENT INFORMATION

WELCOME to our office! Please take a moment to provide us the following info to better serve you

Name:______________________________ Age:__________ Sex: M F DOB:______________
Address:____City:__________State_____Zip________
Primary Phone #__________________________ 2nd Phone #_________________________
Employer/School____________________Occupation______________________________
(Children Only) Name of Parent/Guardian__________________________________
Interests/Hobbies/Sports/Needs:_____________________________Computer use(hrs/day):________
Reason for Visit Today____
Last Eye Exam:______________Doctor:__________Last Medical Exam:____________Dr.:__________

Computerized Visual Field

A specialized sophisticated computer is available in our office that gives valuable information about the borders of the field and how well the eye sees in different areas of the field. It is used to search for "extra blind spots" and tests the function of the retina, optic nerve, and visual pathways to the brain. Diseases that may affect the field of the eye include diabetes, tumors, high blood pressure, multiple sclerosis, strokes, and etc. This test takes about 10 minutes to run, requires a little concentration, but no after effects. We strongly recommend this test for those who have never had one or having personal or family health problems.

I understand the importance of the Computerized Visual Field
( ) YES, I want the visual field test **FEE: $22**
( ) NO, I do not want the visual field test

Wellness Scan: **See Attached Handout for additional info **
( ) Yes, I want the Wellness Scan +visual field **Fee:$55**
( ) No, I do not want the Wellness Scan

Dilation

Dilation involves the use of eye drops to temporarily enlarge the pupil, increasing the doctor's view of the inside of the eye. Examining the inside of the eyes without these drops is like looking through the peep hole at the front door. Sight threatening defects may be completely hidden from view, going undetected until severe. This procedure can reveal conditions such as glaucoma, cataracts, retinal disease, retinal holes/tears, ocular tumors, and other conditions. Approximately 20 minutes are needed for complete dilation. Side effects include light sensitivity and blurry near vision lasting 3-6 hrs. Most patients may drive with caution. We highly recommend this test for the first time patient, those who have not had one for more than 2 years, and those having personal or family health problems such as diabetes and high blood pressure.

I understand the importance of the Dilated Fundus Exam
( ) Yes, I want the dilation
( ) NO, I do not want the dilation

I HAVE RECEIVED A COPY OF THE HIPAA NOTICE OF PRIVACY PRACTICES. I UNDERSTAND THE PRIVACY PRACTICES OF THIS OFFICE AND CONSENT TO THE USE AND OF THIS OFFICE AND I CONSENT TO THE USEAND DISCLOSURE OF MY HEALTH INFORMATION FOR THE PURPOSES OF TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS.

[] I AGEE Initial: ____________

ASSIGNMENT AND RELEASE: I hereby authorize my insurance benefits to be paid directly to the physician and agree that I am financially responsible for all non-covered services. I also authorize this office to release any information required to process my insurance claim.

[] I AGEE Initial: ____________

Full 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

I hereby attest that I have read this form in full, that I understand its contents, and that I have provided information that is true and correct to the best of my knowledge and ability.

Sign:____ Date:____________________________