



Update Information Form

NAME: _____ DATE: _____

Please fill out any of the below information that has changed since your last visit so we can update our records. If nothing has changed since your last visit, please sign the bottom of the form and return it to the front desk.

Mailing address: _____

Phone Number: _____ Email: _____

Medical Insurance: _____

Vision Insurance: _____

Primary Care Doctor: _____

What medications are you taking (OTC and prescription): _____

Allergies (both to medications and environmental): _____

Any changes to health history since last year? If so, please list. Include any new diagnosis, any infections or surgeries in the past year: _____

Any concerns you would like addressed today? _____

To the best of my knowledge, the questions of this form have been accurately answered. I understand that it is my responsibility to inform Blue River Vision of any changes in my medical status, since several medical conditions and medications also can affect the eyes. I also authorize Dr. Hegewald to perform the necessary vision services I may need.

Signature

Date