

WELCOME TO FASHION EYES OPTOMETRY

LAST NAME _____ FIRST NAME _____ M.I. _____ SEX: M / F
AGE _____ BIRTHDATE ____ / ____ / ____ HOME PHONE (____) _____ EMAIL _____
ADDRESS _____ CITY _____ STATE ____ ZIP _____
NAME OF LEGAL GUARDIAN IF MINOR _____ GUARDIAN'S DRIVER'S LICENSE # _____
NEW OR OLD PATIENT? _____ IF YOU'RE A NEW PATIENT, WHO REFERRED YOU HERE? (PLEASE CIRCLE ONE BELOW)
INSURANCE / FRIEND / FAMILY / DOCTOR / GOOGLE / YELP / PHONE BOOK / OTHER _____
SSN # _____ - _____ - _____ DRIVER'S LICENSE # _____ CELL PHONE (____) _____
OCCUPATION _____ EMPLOYER _____ WORK PHONE (____) _____

INSURANCE INFORMATION

PRIMARY HOLDER'S INSURANCE _____ PHONE (____) _____
PRIMARY HOLDER'S NAME _____ RELATIONSHIP _____ POLICY # _____
PRIMARY HOLDER'S SSN# _____ - _____ - _____ BIRTHDATE ____ / ____ / ____

PATIENT INFORMATION

PRIMARY REASON FOR THIS EXAM: CHECK-UP / GLASSES / CONTACTS / DISEASE / ALLERGIES / _____

PLEASE CHECK ALL THAT APPLY TO YOU (WITHOUT CORRECTION):

BLUR AT DISTANCE BOTHERED BY GLARE EYE STRAIN W/ COMPUTER EYES W/ BURNING SENSATION
 BLUR AT NEAR SENSITIVE TO LIGHT EYES FEEL TIRED EYES WATER
 BLUR AFTER READING BLUR AT NIGHT HEADACHES EYES ITCH

DO YOU WEAR GLASSES? YES / NO. DO YOU WEAR CONTACTS? YES / NO. WHAT TYPE? _____

ARE YOU INTERESTED IN CORRECTIVE LASER EYE SURGERY? YES / NO

ACTIVITIES: COMPUTER / DESKWORK / SEWING / READING / TV / SPORTS. OTHERS: _____

MEDICAL HISTORY

<u>EYE DISEASES</u>	<u>EYE MEDS</u>	<u>MEDICAL ILLNESSES</u>	<u>CURRENT MEDS</u>	<u>ALLERGIES TO MEDS</u>
				SEASONAL? (Y / N)

FAMILY HISTORY OF EYE DISEASE? (WHAT AND WHO) _____

FAMILY HISTORY OF MEDICAL ILLNESSES? (WHAT AND WHO) _____

I the undersigned have insurance coverage which I assign directly to Dr. James Cheung all medical benefits, if any, otherwise payable to me for services rendered. I understand I am responsible for all charges whether or not paid by insurance. I authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions. I understand Fashion Eyes Optometry reserves the right to charge a \$25 fee for any bounced checks. Lenses once ordered cannot be canceled. We will re-make any progressive lenses to a bifocal or single lenses within 45 days of purchase but the difference in price cannot be refunded. The lab is not responsible for any damage to patient's own frame during lens fabrication. Full payment is due within 30 days from purchase date. Items not picked up after 90 days are considered abandoned; item and the deposit are then non-refundable.

PATIENT SIGNATURE _____
(GUARDIAN IF MINOR)

DATE _____