

CHART #:

PROVIDER:

**PATIENT INFORMATION (PLEASE COMPLETE ALL FIELDS)**

PATIENT NAME:

LAST

FIRST

MIDDLE

ADDRESS:

CITY:

STATE:

ZIP CODE:

HOME PHONE #:

CELL PHONE #:

EMAIL:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

SEX: (circle one) FEMALE MALE

MARITAL STATUS: (circle one) SINGLE MARRIED DIVORCED WIDOWED OTHER

PRIMARY CARE PHYSICIAN:

REFERRED BY:

PHARMACY: (Name, city, cross streets)

**INSURANCE INFORMATION**

PRIMARY INSURANCE COMPANY:

MEMBER ID NUMBER:

GROUP NUMBER:

SUBSCRIBER NAME:

SUBSCRIBER DATE OF BIRTH:

PATIENT RELATIONSHIP TO SUBSCRIBER: (circle one) SELF SPOUSE CHILD OTHER

COPAYMENT AMOUNT: \$

SECONDARY INSURANCE COMPANY:

MEMBER NUMBER:

GROUP NUMBER:

SUBSCRIBER NAME:

SUBSCRIBER DATE OF BIRTH:

PATIENT RELATIONSHIP TO SUBSCRIBER: (circle one) SELF SPOUSE CHILD OTHER

COPAYMENT AMOUNT: \$

**PATIENT/CUSTODIAL PARENT SIGNATURE:**

I hereby apply for treatment by the physicians of this practice and or their assistants. I authorize the release of any information necessary to determine liability for payment and to obtain reimbursement on any claim. I request that payment of authorized benefits be made on behalf and I assign the benefits payable to which I am entitled to this practice. I understand that payment is due at the time of service and that I am financially responsible for all charges, whether or not paid by insurance. I have been given a copy of the HIPAA Privacy Statement.

\_\_\_\_\_  
Signature of Patient / Parent / Guardian

\_\_\_\_\_  
Date

# Review of Systems

Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(FIRST) (MI) (LAST)

Primary Care Physician: \_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Current Medical Illnesses (i.e. hypertension, diabetes, depression, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Eye Medications: \_\_\_\_\_  
\_\_\_\_\_

Are you on any blood thinners such as aspirin? YES / NO Please list: \_\_\_\_\_

Drug Allergies (if yes, please list): \_\_\_\_\_

Prior Surgeries, include dates (especially those pertaining to EYES, CARDIOVASCULAR or NERVOUS SYSTEM):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SOCIAL HISTORY

Pregnant? YES / NO / Not applicable

Alcohol intake: YES / NO Daily / Frequently / Occasionally / Rarely / Never

Tobacco/Vapor Use: Current / Former / Never Cigars / Cigarettes / Chewing tobacco / Vape

## FAMILY HISTORY

*For any YES answers please provide the relationship of the family member, even if they are deceased.*

Glaucoma	YES / NO	mother / father / aunt / uncle / brother / sister / cousin / grandmother / grandfather
Cataracts	YES / NO	mother / father / aunt / uncle / brother / sister / cousin / grandmother / grandfather
Retinal Detachment	YES / NO	mother / father / aunt / uncle / brother / sister / cousin / grandmother / grandfather
Macular Degeneration	YES / NO	mother / father / aunt / uncle / brother / sister / cousin / grandmother / grandfather
Diabetes	YES / NO	mother / father / aunt / uncle / brother / sister / cousin / grandmother / grandfather
High Blood Pressure	YES / NO	mother / father / aunt / uncle / brother / sister / cousin / grandmother / grandfather
Cancer	YES / NO	mother / father / aunt / uncle / brother / sister / cousin / grandmother / grandfather

## Optical Coherence Technology (OCT) Wellness Scan

Our Topcon Maestro 2 OCT and fundus camera has the ability to provide you with a Wellness Scan. These scans are recommended for all new patients to check your eye health.

The health of your eyes is important, which is why we are offering this latest technology to all of our patients. This camera provides a completely painless and highly advanced screening system that checks for potentially serious conditions such as glaucoma, diabetes, age-related macular degeneration, high blood pressure, and more.

If an eye problem is discovered through an OCT Wellness Scan, Dr. Lyons would then have the ability to order additional testing as deemed appropriate.

**\*Note: These OCT Wellness Scans are offered as a service to our patients at an additional cost. Insurance will not pay for this service as it is elective and optional. The cost of the Wellness Exam is \$25**

Having a Wellness Scan is SIMPLE! Just following these easy steps can bring you peace of mind:

**Step 1** - Your eye doctor will scan your eyes using the state-of-the-art OCT fundus camera from Topcon.

**Step 2** - These high-resolution 3D images are examined by the eye doctor using special built-in analysis tools.

**Step 3** - The results are presented to you.

**Step 4** - Any future scans can be compared with previous ones for a comparative diagnosis.

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### Options (Please check one):

I elect to have a Wellness Scan       I decline a Wellness Scan

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Patient Signature

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Date