

PATIENT INFORMATION				
NAME			EMERGENCY CONTACT NAME / RELATIONSHIP TO PATIENT	
STREET ADDRESS			EMERGENCY CONTACT NUMBER	
CITY	STATE	ZIP	PREFERRED PHARMACY	
PHONE	DOB		PRIMARY CARE PHYSICIAN	
E-MAIL			OPHTHALMOLOGIST/OPTOMETRIST	

MEDICAL HISTORY - PLEASE LIST ANY MEDICAL CONDITIONS YOU HAVE	
1	5
2	6
3	7
4	8

EYE HISTORY - PLEASE LIST ANY EYE CONDITIONS YOU HAVE	
1	3
2	4

SURGICAL HISTORY - PLEASE LIST PRIOR SURGERIES AND YEAR			
1	YEAR	4	YEAR
2	YEAR	5	YEAR
3	YEAR	6	YEAR

CURRENT MEDICATIONS - PLEASE INCLUDE EYE DROPS	
1	5
2	6
3	7
4	8

DO YOU SMOKE?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO, I QUIT SMOKING IN _____ (YEAR) <input type="checkbox"/> NO, I HAVE NEVER SMOKED

DO YOU HAVE MEDICATION ALLERGIES?	DO ANY MEDICAL PROBLEMS RUN IN YOUR FAMILY?
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST BELOW: 1. _____ 2. _____ 3. _____ 4. _____	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST BELOW: 1. _____ 2. _____ 3. _____ 4. _____

FINANCIAL INFORMATION	
PRIMARY INSURANCE	PRIMARY INSURANCE POLICY NUMBER
NAME OF INSURED (IF OTHER THAN PATIENT)	RELATIONSHIP TO PATIENT
SECONDARY INSURANCE	SECONDARY INSURANCE POLICY NUMBER
NAME OF INSURED (IF OTHER THAN PATIENT)	RELATIONSHIP TO PATIENT
OCCUPATION/EMPLOYER	SSN (IF SELF PAY OR REQUIRED FOR INSURANCE)

FINANCIAL GUARANTY
Meadows Retina will make a good faith effort to bill the above named primary and secondary insurances for services rendered, however this is not a guarantee that the insurance carriers will make payment for services rendered. By signing below you accept full financial responsibility for services provided.

INFORMATION REGARDING DILATING DROPS
Dilating drops will be used to dilate or enlarge the pupils of the eye to allow the ophthalmologist to get a better view of the inside of your eye. Dilating drops frequently blur vision for a length of time which varies from person to person and make make bright lights bothersome. It is not possible for your ophthalmologist to predict how much your vision will be affected. Because driving may be difficult immediately after an examination, it's best if you make arrangements not to drive yourself. Adverse reaction, such as acute angle-closure glaucoma, may be triggered from the dilating drops. This is extremely rare and treatable with immediate medical attention. My signature below additionally authorizes Meadows Retina and any designated care giver to administer dilating eye drops. The eye drops are necessary to diagnose my condition.

NOTICE OF PRIVACY PRACTICES
I have had the opportunity to review the Meadows Retina Notice of Privacy Practices available in hard copy and online at www.meadowsretina.com/new-patient-forms/

SIGNATURE AUTHORIZATION	
SIGNATURE:	DATE
PRINTED NAME:	TIME