PREMIER
Eye Care & Surgery, Ltd
Joseph P. Kiernan MD, Medical Director

Date

Patient's Name

Mailing Address

City State Zip Code

E-Mail

Home Phone

Cell Phone

Work Phone

SS# Patient

Birthdate Age Sex Marital Status

Race Ethnicity Language

Family Physician (or Pediatrician)

Address Zip Code

Phone

Other Physician(s) who should receive a report (please give name, specialty, address, and phone):

Primary Card Holder Name

Insurance Company

❑ HMO ❑ PPO ❑ OTHER

Card Holder Date of Birth

Assignment of Benefits:

I authorize payment of medical benefits directly to Premier Eye Care and Surgery, LTD. The office will file all claims on my behalf to my Primary Insurance Company. If, however, my insurance company refuses payment for any reason, I will be financially responsible for any balances.

REFRACTION FEE: Insurance companies do not pay for "refractions." Refraction is the measure of your eye's focusing power; it is the prescription of your glasses. Premier Eye Care charges $45 for a refraction (due at the time of service) once per calendar year. If you return during the same year and *REQUEST* a new glasses prescription, you will incur this $45 fee once again.

APPOINTMENT POLICY: As a courtesy to our patients, we will try to contact you prior to your scheduled appointment. However, due to the increased volume of missed appointments, we will now assess a $75 fee to those patients failing to call to cancel their appointment with the Doctor. This fee will be payable before seeing the Doctor on a subsequent visit.

MINOR POLICY: In order to protect the safety of our patients, any patient 18 years old or younger must be accompanied by a parent or guardian if a dilated eye exam is required (involving drops to enlarge the pupil which temporarily blurs the vision). New patients 18 years old or younger must be accompanied by a parent or guardian for their examination.

Signature

Emergency Contact Name

Phone

Relationship

Were you referred to us by your family physician or pediatrician? ❑ Yes ❑ No

If "no", who referred you, or how did you hear of us? ❑ Internet Search ❑ Website ❑ Friend

Please Check One: ❑ I have no allergies to medication ❑ I have allergies (list on back)

Reason for Visit: ❑ New Patient Consult ❑ Annual ❑ Routine ❑ Cataract ❑ Glaucoma

Please answer the questions on the other side of this page!

Page 2: Medical and Family History

Please check either yes or no for each of the following questions:

Eye Problems: Has the patient had any of the following?

Yes	No		Yes	No	
❑	❑	Glasses	❑	❑	Eye injury if yes when_____
❑	❑	Contacts	❑	❑	Eye surgery
❑	❑	Lasik/PRK	❑	❑	Other eye problems:
❑	❑	Patching	❑	❑	Allergy to thimerosal

Recent Symptoms:

Yes	No		How long?	Yes	No		How long?
❑	❑	Crossed or wandering eye	_____	❑	❑	Frequent headaches	_____
❑	❑	Excessive squinting	_____	❑	❑	Tired eyes when reading	_____
❑	❑	Double vision	_____	❑	❑	Weakness or numbness	_____
❑	❑	Excessive eye rubbing	_____	❑	❑	Clumsiness or bumping into things	_____
❑	❑	Frequent tearing or discharge	_____	❑	❑	Can't make normal eye contact	_____
❑	❑	Blurred vision	_____	❑	❑	Change in performance in school or work	_____
❑	❑	Light sensitivity	_____	❑	❑	Other symptoms not mentioned above:	_____

List any allergies

_____

_____

List any medications the patient is taking, including eye drops:

_____

_____

_____

List any health problems (or history of) and any hospitalizations:

_____

_____

Family History: Please specify relationship to patient

Yes	No		Yes	No	
❑	❑	Diabetes	❑	❑	Cancer
❑	❑	Cataracts	❑	❑	Amblyopia ("lazy eye")
❑	❑	Glaucoma	❑	❑	Strabismus ("crossed eye")
❑	❑	Macular Degeneration	❑	❑	Patching treatment
❑	❑	Blindness	❑	❑	Eye muscle surgery
❑	❑	Thyroid	❑	❑	Glasses before age 6
❑	❑	Heart Condition	❑	❑	Cataracts/Glaucoma in childhood
❑	❑	High Blood Pressure	❑	❑	Allergies

PEDIATRIC OPHTHALMOLOGY PATIENTS ONLY

Birth history

Birth weight:_____lb,_____oz.

Yes	No	(if "yes", what was the problem?)	Yes	No	(if "yes", why?)
❑	❑	Problems during pregnancy	❑	❑	Delivered more than 2 weeks early or late
❑	❑	Problems during delivery or forceps delivery	❑	❑	Baby kept in hospital due to illness
❑	❑	Cesarean section	❑	❑	Delayed development