

NORTHSIDE EYECARE ASSOCIATES

634 Cross Valley Circle * Evansville, IN 47710 * Phone 812-401-7777

PERSONAL INFORMATION / CONTACT INFORMATION / INSURANCE INFORMATION

Name:		Date:	
Birth date:	Social Security Number:		Gender: M or F
Age:	Occupation:	Employer:	
Address:			
City:		State:	Zip:
Home Phone:	Cell Phone:	Work Phone/Extension:	
Email Address:		Insurances:	
Name of Policy Holder:		Policy Through:	Self Spouse Parent
Birth date of Policy Holder:		Social Security Number of Policy Holder:	
Primary Care Physician:		Other Medical Doctor:	
Your Preferred Name:		How did you hear about us?	

MEDICAL HISTORY
(CIRCLE THOSE THAT APPLY TO YOU)

High Cholesterol High Blood Pressure Heart Disease Stroke
 Black Outs Dizziness Nose Bleeds Excessive Thirst
 Pre-Diabetes Type 1 Diabetes Type 2 Diabetes Thyroid Disease
 Acid Reflux Crohn's Disease Stomach Ulcer Intestinal Disorder
 Pregnant Prostate Disorder Menopause Kidney Stones
 Dry Mouth Meniere's Disease Sinusitis Hearing Loss
 Anemia Breast Cancer Leukemia Sickle Cell Disease
 HIV/AIDS Histoplasmosis Lyme Disease Sjogren's Syndrome
 Acne Rosacea Lupus Skin Cancer
 Arthritis Marfan's Syndrome Osteoporosis Ankylosing Spondylitis
 Bell's Palsy Headaches Multiple Sclerosis Seizures
 Attention Deficit Disorder Anxiety Depression Sleeping Difficulty
 Asthma Lung Cancer Cystic Fibrosis Emphysema

Write in other medical problems if not listed above:

SOCIAL HISTORY

Smoking Status: Non Smoker Current Smoker Ex Smoker
 Alcohol Consumption: None Social Above Average Use
 Narcotic Use: None Recreational Addiction

FAMILY HISTORY
(CIRCLE THOSE THAT APPLY TO YOUR IMMEDIATE FAMILY)

Diabetes High Blood Pressure Glaucoma Lazy Eye
 Macular Degeneration Retinal Detachment Blindness
 Fuch's Dystrophy Color Blindness Early Cataracts

SURGICAL HISTORY

If you have had any major surgical procedures, list them here:

EYE HISTORY

Glasses Wear: Never Part Time Full Time
 Contact Lens Wear: Never Soft Lenses Hard Lenses
 Eye Surgery: Never Cataract LASIK Retina
 Eye Conditions: Glaucoma Macular Degeneration Retinopathy

Prescription Medications / Over the Counter Medications / Drug Allergies

Your Prescription Medications:
 (If you have a list we will simply copy it, if not, please list your medicines below)

Your Over the Counter Medications:

Drug Allergies:

FINANCIAL POLICY

Copies of our Office Financial Policy are available at the front desk. Please feel free to read over it. If you have any questions about it please ask the receptionist or Office Manager.

By signing below I acknowledge that I understand and agree to the Office Financial Policy:

PRIVACY POLICY

Copies of our Notice of Privacy Practices are available at the front desk. Please feel free to read over it. If you have any questions about it please ask the receptionist or Office Manager.

By signing below I acknowledge that I am aware of the Notice of Privacy Practices: