



**GAILMARD
EYE CENTER**

Date _____

ADULT or MINOR

Patient's name _____ Mr. Mrs. Dr.
Miss Ms. Rev.

Address _____ City _____ State _____ Zip _____

Home Phone _____ WorkPhone _____

Cell Phone _____ Email _____
Texting ok? Email ok?

Who referred you to our office? (Name) _____
Insurance listing Family member Yellow pages Physician/Eye Doctor Think About Your Eyes

Patient's date of birth _____ Social Security Number _____ - _____ - _____

Occupation _____

Name of employer (Adults) _____ City _____

Special visual demands (work or hobbies) _____

Name of spouse (Parent if minor) _____

Please list any members of your household who come to our office _____
Emergency Contact _____ Phone Number _____ Relation _____

Please check the box if you have ever had any of the following: Cataracts Glaucoma Lazy Eye
Diabetes Macular Degeneration Eye Infections High Blood Pressure Allergies

Do you smoke? Yes No

List any other medical problems _____

Who is your family physician? _____

Have you ever had any injury or surgery to your eyes? Yes No Describe _____

Previous eye doctor _____

Have any blood line relatives had glaucoma, or other loss of sight? _____

Are you allergic to any medications? Yes No (List) _____

Do you presently wear glasses? Yes No How old are the glasses? _____
When do you wear them? _____

Do you presently wear contact lenses? Yes No Hard Gas Permeable Soft Disposable
If yes, how old are the contacts? _____ If no, have you ever worn contacts? Yes No

Do you have vision care insurance? Yes No Name _____

Do you have health insurance? Yes No Name and ID number _____

Please note: Insurance may cover only part of your charges. If we do not accept direct payment from your insurance plan, you will need to pay our office and submit your receipt for reimbursement from your insurance company. If your insurance does not pay as expected, you are ultimately responsible for all charges. We cannot be responsible if you are not eligible for benefits. We will be happy to assist you with your claims, please give any forms to the receptionist.