



Primary Eye Care Center of Ahwatukee

Dr. Michael De Rubeis, O.D.

Optometrist

Treatment of Eye Diseases

16515 S. 40th Street, Suite 111 Phoenix, AZ 85048 (480) 706-2020



Patient:

Circle One: Male Female

Patient Information

(Please print answers to all that apply)

Responsible Party/Primary Insured:

(if different)

Last

First

Last

First

What name would you like us to call you? (For example: John, Mr. Smith, etc.)

*Social Security # of Primary Insured

*Birthdate of Primary Insured

Please Circle All Answers As Appropriate...

Patient Health History If Yes, please describe (when, which eye, etc.)...

List any significant illnesses or medical conditions: _____

- Have you ever had surgery on your eyes? No Yes Type? _____ When? _____ R L
- Have you ever had an injury to your eyes? No Yes Type? _____ When? _____ R L
- Do you see flashes of light? No Yes When? _____ R L
- Have you ever worn contact lenses? No Yes Soft Rigid How many yrs: _____ Last worn? _____
- Are you interested in wearing contact lenses? No Yes
- Are you allergic to any medications? No Yes List: _____

Please list all medications you are taking, including over-the-counter: _____

- Do you have hayfever or general allergies? No Yes Seasonal All year
- Do your eyes feel gritty or sandy? No Yes
- Do your tears spill out onto your face often? No Yes How long has this occurred? _____
- Do you wear sunglasses? No Yes Sometimes Whenever in sun

Patient Family History

Do you or any of your relatives (blood related) have any of the following?

Condition	Yourself	Relatives
Diabetes	No Yes	No Yes
Glaucoma	No Yes	No Yes
High blood pressure	No Yes	No Yes
Arthritis	No Yes	No Yes

Frame Adjustments and Replacing Lenses in a Patient's Own Frame

When working with a patient's previously owned frame, we make every attempt to limit the chances of damaging the frame or lenses. However, in some cases, especially with older frames, while making adjustments to your frame or while manufacturing or inserting lenses or repairing your eyeglasses **breakage or damage can occur**. Frames become brittle and fragile and much more susceptible to breakage and damage with age. Therefore, **we cannot be responsible for breakage or damage that may occur while either making adjustments or working on a patient's previously owned eyewear including frames.**

Insurance Authorization & Acknowledgement of Receipt of Privacy and Office Policies

I authorize payment of insurance benefits for any services furnished me be made to Primary Eye Care Center. I authorize any holder of medical or other information about me needed to determine these benefits to be released to my insurance company or its agents. I also acknowledge that I received a copy of the **Notices of Office and Privacy Policies** for this office. **Policies: All eyeglasses and specialty contact lenses are custom made. Therefore, we cannot refund any products that cannot be returned to the manufacturer. NO EXCEPTIONS.** We are happy to service all of our products, and guarantee their quality and workmanship. Please consult an optician for more details.

I understand that I am responsible for charges not paid by my insurance plan.

Signature of Patient (or responsible party)

Date