

Arthur J. Williams

Opticians

PATIENT INFORMATION

Today's Date: _____

Last name: _____ First name: _____ MI _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (H) _____ (W) _____ (C) _____

Date of Birth: _____ Email: _____

INSURANCE INFORMATION

Insurance Company: _____ ID # _____ Group# _____

Subscriber's Name: _____ DOB: _____

Relationship to Patient: _____

*I certify that I, and/or my dependent(s), have insurance coverage as listed above. I assign all insurance benefits, if any, to Arthur Williams Optical for services rendered. I understand that I am responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance benefits. Arthur Williams Optical may disclose my health care information to the above named insurance company(ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits.

Signature of patient, parent, guardian or personal representative _____

Printed name _____

Date _____

Relationship to patient _____

EYE HEALTH HISTORY

Please mark YES or NO if have/had any of the following:

Blurred vision

Distance	Oyes	Ono	Dry eyes	Oyes	Ono
Near	Oyes	Ono	Eye surgery or injury	Oyes	Ono
Headaches	Oyes	Ono	Flashes of light	Oyes	Ono
Eye strain	Oyes	Ono	Floaters or spots	Oyes	Ono
Double vision	Oyes	Ono	Cataracts	Oyes	Ono
Crossed eyes	Oyes	Ono	Glaucoma	Oyes	Ono

Other eye problems: _____

HEALTH HISTORY

Please mark YES or NO if have/had any problems with the following:

High Blood Pressure	Oyes	Ono	Respiratory	Oyes	Ono
Diabetes	Oyes	Ono	Arthritis	Oyes	Ono
Cardiovascular	Oyes	Ono	Allergic	Oyes	Ono

MEDICATIONS

Please list any medications you are currently taking, including eye drops: _____

ALLERGIES

Please list your allergies to medications and/or environmental allergies: _____

FAMILY HISTORY

Please mark YES or NO if you have a family history of the following:

High Blood Pressure	Oyes	Ono	Diabetes	Oyes	Ono
Retinal Detachment	Oyes	Ono	Cataracts	Oyes	Ono
Macular Degeneration	Oyes	Ono	Glaucoma	Oyes	Ono