



Patient Information Sheet

Please answer the following questions to the best of your ability. The doctor needs to know your ocular and medical history in order to perform a thorough eye examination.

General Information

Name _____ Birthday _____ Age _____ Sex _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____
Emergency Contact _____ Relationship _____ Phone _____
Vision Insurance _____ ID/SSN _____
Occupation _____ Employer _____
Email Address _____

How did you hear about Eyedeals Optometry?

Shop in the Area _____ Mailer _____ Yellow Pages _____ Insurance Co. _____
Referred By: _____ Other _____

Ocular Information

Are you having any issues with your eyes? If yes, please explain: _____

Date of last eye exam? _____ Who was the doctor? _____ Were your eyes dilated? _____
Do you wear glasses now? Yes _____ No _____
Have you worn glasses in the past? Yes _____ No _____
Do you wear contact lenses? Yes _____ No _____
Do you need to renew you contact lens RX? Yes _____ No _____
Are you interested in wearing Contacts? Yes _____ No _____

Please note: There is an additional fee for the required yearly contact lens evaluation and for new trains.

Do you have any of the following eye conditions?

Glaucoma _____ Amblyopia/ "Lazy Eye" _____ Cataracts _____ Eye Surgery/Injury _____
Macular Degeneration _____ Other _____

Medical History

When was your last physical? _____ Who is your family doctor? _____
Are you taking any medications? Yes _____ No _____
Are you allergic to any medication? Yes _____ No _____
Do you have any allergies? Yes _____ No _____
Do you have or have you had
Diabetes? How Long? _____ No _____
High Blood Pressure? How long? _____ No _____
Other Medical Condition? _____ No _____

Is there any Family History of:

Glaucoma _____ High Blood Pressure _____ Diabetes _____ Other _____

Payment

It is customary to pay when services are rendered. Patients with insurance are responsible for any deductibles or co-payments. It is your responsibility to know your insurance benefits. If your insurance denies benefits, you are responsible for payment. Please be aware that prescription eyewear is custom ordered for each individual and therefore non-refundable. There is no money refunded for services or products. Orders must be picked up within sixty (60) days or deposit will be forfeited. A deposit is required when placing all orders along with a valid prescription.

Signature _____ Date _____

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW YOUR PROTECTED MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. Eyedeals is permitted to make uses and disclosures of protected information for the following reasons:
 - A. For treatment of your eyes and related medical conditions.
 - B. For submitting claims to your health care insurance for payment.
 - C. For quality assurance audits of our health care operations.
2. Eyedeals is permitted or required, under specific circumstances, to use or disclose protected medical information without the patient's written authorization. Other uses and disclosures will be made only with the patient's written authorization. The patient may revoke authorization at any time.
3. Eyedeals may contact the patient to provide appointment reminders or information about treatment alternatives or other health care related benefits and services that may be of interest to the patient.
4. The patient has the following rights regarding protected medical information:
 - A. The right to request restrictions on certain uses and disclosures of protected medical information; however, Eyedeals is not required to agree to requested restriction.
 - B. The right to receive confidential communications of protected medical information.
 - C. The right to inspect and copy protected medical information.
 - D. The right to amend protected information.
 - E. The right to receive an accounting of disclosures of protected medical treatment.
 - F. The right to obtain a paper copy of this Notice of Privacy Practices. This right is extended to patients who prefer to receive this Notice electronically (by fax or email).
5. Eyedeals is required by law to maintain the privacy of protected medical information and to provide our patients with notice of its legal duties and privacy practices with respect to protected medical information.
6. Eyedeals is required to abide by the terms of this Notice of Privacy Practices currently in effect.
7. Eyedeals reserves the right to change the terms of this Notice of Privacy Practices. The new notice provisions will be effective for all protected medical information that it maintains.
8. Eyedeals will provide our patients with a revised Notice of Privacy Practices by issuing it at your next visit.
9. Patients may complain to Eyedeals and to the Secretary of the Department of Health of Human Services, without fear of retaliation by the organization, if they believe their privacy have been violated.
10. The contact person for Eyedeals Optometry regarding complaints is:
Nicholas Pallas
8331 Bandford Way 001
Raleigh, NC 27615
(919) 676-1300
11. This Notice of Privacy Practices is first in effect on April 1, 2003

I have read and understood the Eyedeals Notice of Privacy Practices.

Signature _____ **Date** _____