Eyedeals Optometry 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.

Home Phone Cell Phone Work Phone Emergency Contact Relationship Phone Vision Insurance SSN (last 4) Occupation Email Address Employer Employer How did you hear about Eyedeals Optometry? Employer Preferred form of communication: Referred By: Other Call Information Are you having any issues with your eyes? If yes, please explain: Call Itext Em Date of last eye exam? Who was the doctor? Were your eyes dilated? Oo you wear glasses now? Yes No Do you wear glasses in the past? Yes No Do you wear contact lenses? Yes No Do you uced to renew you contact lens RX? 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 No Medical History Who was you failed physical? Who is your family doctor? No No you have any allergics? Yes No No Do you have on have you had Diabetes? How Long?	General Information		
Address City State Zip Home Phone Cell Phone Work Phone Phone Usion Insurance SSN (last 4) Occupation Employer Email Address Employer Employer Employer Email Address Freferred form of communication: Call Information Referred By: Other Call Information: Call Information: Are you having any issues with your eyes? If yes, please explain:	Name	Birthday	AgeSex
Home Phone Cell Phone Work Phone Emergency Contact Relationship Phone Wision Insurance SSN (last 4) Occupation Email Address Employer Employer How did you hear about Eyedcals Optometry? Employer Preferred form of communication: Referred By: Other Call Information Are you having any issues with your eyes? If yes, please explain: Call Infect Call Information 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 used to renew you contact lens RX? 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 Mere you allergic to any medications? Yes No No you have any allergies? Yes No Do you have on have you had Diabetes? How Long? No Motical History No No No	Address	City	State Zip
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Vision InsuranceSNN (last 4)EmployerEmail AddressEmail Address How did you hear about Eyedeals Optometry? Shop in the Area Google Insurance Co. Patient Referred By:OtherOther 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 war glasses in the past? Yes No Do you war contact lenses? Yes No Do you near contact lenses? Yes No Do you near contact lenses? 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/InjuryMacular Degeneration OtherMho is your family doctor?N Are you alking any medications? YesN Are you alking any medications? YesN No you have on have you had Diabetes? How Long?N High Blood Pressure? How long?N St here any Family History of: Glaucoma High Blood Pressure Diabetes Other	Emergency Contact	Relationship	Phone
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Ocular Information Are you having any issues with your eyes? If yes, please explain: Date of last eye exam? Who was the doctor? Date of last eye exam? Who was the doctor? Date of last eye exam? Who was the doctor? Date of last eye exam? Who was the doctor? Do you wear glasses now? Yes No 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 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	Referred By:	Other	
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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? Yes Are you taking any medication? Yes 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?		/our eyes? If yes, please explain:	
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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_

THIS NOTICE DESCRIBES HOW YOUR PROTECED 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 6617 Falls of Neuse Rd. 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_____