

Low Country Eye Care

PATIENT INFORMATION PROFILE

Date _____

Social Security # _____ Last Name _____ First Name _____ M.I. _____

Mailing Address _____ Apt # _____ City _____ State _____ Zip _____

Area Code and Phone Number (____) _____ - _____ Do you go by another name _____

Birthdate ____/____/____ Please Circle: Male / Female Married / Single / Widow / Divorced / Separated

What Doctor, PA, or FNP do you see? _____

Employment: Full Part Retired Disabled None Student: Full Part

INSURANCE INFORMATION

Name of Employer _____ Work Phone # _____ Extension _____

Name of Primary Insurance _____ Name of Policy Holder _____

Policy Number _____ Date of Birth of Policy Holder ____/____/____

Name of Vision Insurance _____ Name of Policy Holder _____

Policy Number _____

GENERAL AND EYE HEALTH HISTORY

Current Medications: _____

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Retinal Problems |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Drug Sensitivities | <input type="checkbox"/> Cataracts | <input type="checkbox"/> Eye Infection |
| <input type="checkbox"/> Thyroid Problems | <input type="checkbox"/> Allergies | <input type="checkbox"/> Eye Injury | <input type="checkbox"/> Eye Surgery |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Spot/ Light Flashes | <input type="checkbox"/> Lazy Eye/Amblyopia | <input type="checkbox"/> Other |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Double Vision | | |

FAMILY HISTORY

- | | | |
|------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Macular Degeneration |
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> Eye Disease | <input type="checkbox"/> HBP |
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PUPIL DILATION

Pupil Dilation is a process where several drops are instilled into the eye to open the pupils to examine the eye. This is recommended for ALL patients, especially those with acute problems. *Side effects include decreased vision, increase light sensitivity and decreased ability to read. This last 4 to 6 hours.*

- I do consent I do not consent

Please note that a copy of your insurance card(s) must be in our files.

Revised April 27, 2007

