

# Corneal Associates, P.C.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

SSN \_\_\_\_\_ DOB \_\_\_\_\_ Sex : male/female

Street \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Race: \_\_\_\_\_ Language: \_\_\_\_\_

Hispanic (Yes/No)

Marital Status: married/divorced/widowed

Student Status: FT/PT

Primary Care MD: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_ Tel: \_\_\_\_\_

## CONTACT INFORMATION

Home Phone: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Emergency Phone:: \_\_\_\_\_

Referring MD: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_ Tel: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## MEDICAL INSURANCE – Only needed if you are not the subscriber on card.

Payer Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Insured ID: \_\_\_\_\_ Insured Name (if not patient) \_\_\_\_\_

Insured DOB (if not patient) \_\_\_\_\_

Insured Relationship to patient: spouse/parent

Group #: \_\_\_\_\_ Group Name: \_\_\_\_\_

Specialist Co Pay: \_\_\_\_\_ Referral Required: yes/no

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**PATIENT MEDICAL HISTORY QUESTIONNAIRE**

Glasses wearer: yes/no  
yes/no

Contact Lens wearer:

Reason for visit/consultation: \_\_\_\_\_

**ALLERGIES**

Allergen	Describe Reaction

**OCULAR HISTORY**

Disease/Problem	Diagnosed When	Treatment ?	By Whom

**SYSTEMIC MEDICAL HISTORY**

Disease/Problem	Diagnosed When	Treatment ?

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**If Diabetic: Recent Blood Sugar \_\_\_\_\_ When \_\_\_\_\_**

**FAMILY HISTORY**

<b>Family Member</b>	<b>Diagnosis</b>

**SOCIAL HISTORY**

**Do you smoke: yes/no/previously      If yes, how long \_\_\_\_\_**

**Do you drink Alcohol: yes/no      If yes, how  
much/frequency \_\_\_\_\_**

**Do you drink caffeine: yes/no      If yes, how much \_\_\_\_\_**

**Do you use any recreational drugs: yes/no/formerly**

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*Please complete this form as thoroughly as possible.*

**OPHTHALMIC MEDICATION**

Medication	Strength	Dosage	Eye	To Treat What?

**SYSTEMIC MEDICATIONS**

Medication	Strength	Dosage	To Treat What?

**Pharmacy Name:** \_\_\_\_\_

**Pharmacy Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_