PT ID#_____ APPT TIME _____: _____ ARRIVAL TIME _____: _____ ☐ VF $20 ☐Fundus Photo $30 ☐CI Fitting / Medical

☐Dr.Tara Ransdell

Last name:	First name:	Middle:	Patient Birth Date:
Address:	❑ Employed ❑ Student FT / PT ❑ Retired ❑ Self	**Circle all that apply below** Single Married Divorced Sep Wid Other Asian African American Hispanic Latino White American Indian Hawaiian Other	
City State ZIP			
Home Phone: Email:		Age:	Sex: M F
Mobile: Occupation: Employer:			
Reason for today's visit: Routine Exam Medical ( ) Eye injury due to accident		Date of eye injury / /	
How did you hear about us?		**Do you have Vision Insurance?** ☐Yes ☐No **Medical Insurance?** ☐Yes ☐No	
Are you a new patient? ❑ Yes ❑ No	**Whom may we thank for referring you?**	**Name of Vision Insurance:** VSP EyeMed BCBS Aetna Cigna United Healthcare	
Name of Insured Member:		**Name of MEDICAL Insurance:** Insured's DOB: / / Insured member's SS#	
Relationship to Patient: ❑Self ❑Spouse ❑Parent/Guardian ☐Child		Driver Lic #	
Insurance ID#		Group #	

Do you currently wear contact lenses? ❑ Yes ☐ No What kind of contacts do you currently wear?

Would you like to update or obtain a contact lens prescription in addition to glasses? ❑Yes ❑No Additional fees apply towards a contact lens prescription

Fittings are as follows: Patients new to standard contacts $85, New Patient with Bifocal Fitting $100 Gas Permeable fitting $120 XR Fitting $100

Previous Patients updating contact lens Rx - $60 contact lens evaluation fee

Some insurance carriers may discount/cover contact lens services. Contact lenses/services are non refundable and have to be completed within 60 days of the routine examination.

Would you like your eyes dilated today? ☐ Yes ☐ No Dilation is included with the exam and can usually last 4-6 hours, sunglasses are recommended due to light sensitivity.

Do you currently wear glasses? ☐ Yes ☐ No if you answered yes, how old are they? _____ What type of lenses? _____

Hobbies: _____

Do you work on a computer? ☐ Yes ☐ No How many hours per day do you spend on the computer? _____

Do you have any allergies? ☐ Yes ☐ No _____

Medications you are currently taking: _____

Diabetes	☐ Yes ☐ No ☐ Family	Lazy Eye	☐ Yes ☐ No ☐ Family	Macular degeneration	☐ Yes ☐ No ☐ Family
High Blood Pressure	☐ Yes ☐ No ☐ Family	Eye Surgery	☐ Yes ☐ No ☐ Family	Headaches	☐ Yes ☐ No ☐ Family
Cataracts	☐ Yes ☐ No ☐ Family	LASIK	☐ Yes ☐ No ☐ Family	Head/Eye injury	☐ Yes ☐ No ☐ Family
Glaucoma	☐ Yes ☐ No ☐ Family	Retinal Detachment	☐ Yes ☐ No ☐ Family	Heart problems	☐ Yes ☐ No ☐ Family
Loss of vision	☐ Yes ☐ No ☐ Family	Double Vision	☐ Yes ☐ No ☐ Family	Thyroid problems	☐ Yes ☐ No ☐ Family
Dry Eye	☐ Yes ☐ No ☐ Family	Do you smoke	☐ Yes ☐ No	OTHER: _____	

Would you like to have the Visual Fields Screening ($20) today? ☐ Yes ☐ No

Would you like to take a retinal photo ($30) to avoid dilating your eyes? ☐ Yes ☐ No

If you are here for a medical reason other than a routine vision exam, please provide the front desk with a copy of your medical card and a photo ID. All medical visits are billed to your medical insurance and all non covered fees are the responsibility of the patient. If the doctor discovers a medical condition during the routine eye exam, the medical condition will have to be treated before a routine eye exam can be performed. All medical visits are subject to an internal and external photos of the eye.

HIPAA Acknowledgement Form

I have received the Notice of Privacy Practices for my records and I have been provided the opportunity to review it. The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any non covered balance. I also authorize Peoria Eye Care and/ or my insurance company to release any information required to process my claims.

Patient/Guardian Signature _____ Date _____

☐Diabetes☐ Diabetic Retin☐ Glaucoma☐ ARMD☐ ARCUS☐ Hypertension ☐None Pt Current RX: OD:

☐Needs a follow Up ☐No change to CL RX Fit with: OS:

☐ Needs CI Training ☐ Order Trials