



Derrick Pierce, O.D.
Welcome to our office!

Insurance Information

Last Name _____ First Name _____ MI _____
Sex: M F DOB ___/___/___ SSN: ___-___-___
Street Address _____
City _____ State _____ Zip _____
Phone: (Home) _____ (Cell/Other) _____
Email: _____
Occupation _____ Employer (or school) _____
Spouse (or Parent's) Name _____

Vision Insurance _____
Subscriber Name _____
Subscriber ID _____
Subscriber Birth Date ___/___/___
Primary Medical Insurance _____
Subscriber Name _____
Subscriber ID _____
Group Number _____
Subscriber Birth Date ___/___/___

Medical History Questionnaire

Patient Eye History

Do you experience any of the following

- Blurry Vision Tearing Floaters
- Dryness Discharge Light Flashes
- Burning Eye Turn Headaches
- Itching Double Vision

Date of Last Eye Exam ___/___/___

Are you planning to get new glasses today? Y N

Do you currently wear contact lenses? Y N

What Kind? _____

Are you satisfied with your current contacts? Y N

Have you been diagnosed/treated for the following:

- Cataracts Glaucoma Eye Infection
- Iritis/Uveitis Lazy Eye Eye Trauma
- Retinal Detachment Macular Degeneration

Other _____

Family Medical/Eye History (Check all that apply)

Relationship

Blindness _____
Glaucoma _____
Lazy Eye _____
Macular Degeneration _____
Retinal Detachment _____

Patient Medical History

Have you been diagnosed/treated for the following:

- Allergies Asthma Arthritis
- Cancer Diabetes Cholesterol
- Heart Disease High Blood Pressure

Other _____

If female, are you Pregnant or Nursing? Y N

Date of last medical exam ___/___/___

Current Medication (prescription or over the counter)

Allergies to Medications? Y N

If yes, please explain: _____

Privacy Agreement*:

I consent to the use and disclosure of my health information for purposes of treatment, payment, and health care operations. I understand that if my insurance does not cover the charges for services and/or materials, I am responsible for the amount due.

Signature _____

(Relationship to patient if patient under 18) Date

***Notice of Privacy Practices can be furnished upon request**