

Welcome back to our office

Please take a moment to update your personal information. Thank you for your help.

Name _____ Date _____
Last First MI
Birthdate: _____ Age: _____ SS#: _____ Sex: female male
Address _____ City _____ State _____ Zip _____
Phone # (home) _____ (work) _____ (cell) _____
Email address: _____
Whom may we thank for referring you to our office? _____

Nature of visit: (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> General eye exam | <input type="checkbox"/> First eye exam | <input type="checkbox"/> Broken/lost eyewear |
| <input type="checkbox"/> Want new eyewear | <input type="checkbox"/> Want contacts | <input type="checkbox"/> Distance vision blur |
| <input type="checkbox"/> Near vision blur | <input type="checkbox"/> Double vision | <input type="checkbox"/> Eyestrain |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Floaters/spots in vision | <input type="checkbox"/> See flashing lights |
| <input type="checkbox"/> Watery eyes | <input type="checkbox"/> Temporary loss of vision | <input type="checkbox"/> Burning eyes |
| <input type="checkbox"/> Red Eyes | <input type="checkbox"/> Dry eyes | <input type="checkbox"/> other _____ |

INSURANCE INFORMATION

Medical Insurance Company

ID # _____ Group # _____
Name of **primary insured**: _____ Relationship to patient: _____
Primary birthdate: _____ Primary SS #: _____
Primary phone #: _____ Name of Primary Employer: _____

Vision Insurance Company

ID # _____
Name of **primary insured**: _____ Relationship to patient: _____
Primary birthdate: _____ Primary SS #: _____
Primary phone #: _____ Name of Primary Employer: _____

Responsible Party:

There are some important insurance issues that must be recognized **BEFORE** you visit the doctor.

Vision insurance plans will usually cover for a basic eye exam minus co-pay. Most vision insurance plans will **NOT** cover for the following contact exam fees: contact lens fitting, follow-ups and/or contact lens materials.

Medical insurance plans will usually cover for office visits if you experience headaches, take high risk medications, or have any eye complications, including red eye, itching, dry eyes, redness, etc. They often cover when there is a personal or family history of any vision threatening disease, diabetes, high blood pressure, cholesterol or heart disease.

All vision and medical insurance plans are different. If you are not completely sure of your benefits, please call your insurance company for clarification. I authorize Fine Eyewear to file insurance benefits and have payment assigned to them. I authorize Fine Eyewear to release protected health information to my insurance carrier for the purpose of payment of claims. I have read the above and understand that my vision health insurance **may not** cover for routine eye exam, contact lens exam, red eye, eyeglasses and/or contact lens. **I understand that if my insurance carrier does not pay my claims then I will be held responsible for the balance on my account.**

Patient's or Guardian's Signature

Date

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DIGITAL RETINAL IMAGING SCREENING:

Digital retinal imaging utilizes a high resolution digital camera system to capture a magnified image of the back part (retina) of your eye similar to the miniaturized picture shown here. Dr. Minnick recommends this special diagnostic procedure. It is quick, painless, and nothing will touch your eye.

This digital image will be a permanent record in your file and is invaluable for present and future diagnosis as your eye changes with age. It captures important details concerning the current health of your eye and specific structures such as the retina, optic nerve, macula, and blood vessels. It will also serve as an initial point from which to compare, as we follow your health in subsequent years.



The fee for the retinal image screening is \$30.00. Most insurance do not yet cover retinal image screening.

_____ Initial here to request retinal image screening

COMPUTERIZED VISUAL FIELD SCREENING:

A sophisticated computerized instrument which provides a more thorough medical analysis of your eyes. Our Humphrey Visual Field Analyzer electronically measures retinal function and sensitivity to light. This measurement can assist us in the early detection of many disorders, including brain tumors, glaucoma, diabetic retinopathy, and retinal detachments. We strongly recommend that all of our patients receive the screening version of this exam. It is especially important for people who have:



- Headaches •See spots or flashes of light •History of Diabetes
- History of high blood pressure •Circulatory problems •Strong eyeglass prescription

The fee for this screening is \$25.00. Insurance does not cover this test.

_____ Initial here to provide your consent for visual field screening

PUPIL DILATION uses medicine eye drops to temporarily enlarge pupils. These drops temporarily decrease near focus ability. By enlarging the pupils, Dr. Minnick can examine the inside of your eyes more thoroughly to provide you the very best in eye care. Without pupillary dilation, certain eye diseases and abnormalities can go undetected. The drops can sometimes cause temporary slight stinging for a few seconds, close-up blurry vision and light sensitivity. (Your driving may be affected, great caution is advised.) There is also a rare phenomenon called “Acute Narrow Angle Glaucoma” which is possible in a small group of patients. If you are at risk for this condition, Dr. Minnick will inform you of that risk in advance.

The fee for this service is included in the exam fee. However, if you would like to reschedule for dilation for a **different** day the fee is \$35.

_____ Initial here to provide your consent for pupillary dilation

Patient or Guardian Signature

Date

If you use computer for 2 hours or longer, please check all situations that apply:

- Laptop Monitor Close Monitor arms length or further
- Multiple monitors Multiple Monitors at different distances

Please check all that apply:

- I spend a lot of time outdoors.
- I have trouble seeing at night.
- My job/lifestyle involves both indoor and outdoor activities.
- I am uncomfortable with the weight and thickness of my glasses.
- I find myself moving my glasses up or down to see under different situations.
- I am light sensitive, driving in bright sunlight and glare bothers me.
- I have trouble with close work with:
 - Reading Using my computer Hobbies
- I participate in active or competitive sports. Name of sport: _____
- I am an avid golfer
- I am an avid boater/fisherman
- I am an avid cyclist
- My current eyewear doesn't meet my performance needs for work and recreation.
- My current eyewear is great, I'm looking for a new pair to add to my eyewear collection.

I currently wear: *(check all that apply)*

- Eyeglasses Contacts Non-Rx Sunglasses Rx Sunglasses

Images that I want to convey when I wear my glasses (choose all that apply):

- Business/serious image for meetings, etc
- Fashion forward with a bold image
- Style but with subtle cues
- Fashion conscience (coordinate with my other accessories: shoes, purse, jewelry)
- Hip/chic image for dinner parties or other social functions
- Different looks, for different occasions, keep people guessing what I'll wear next
- Certain frames or look similar to a particular celebrity or distinguished person
- I would like my glasses to be nearly invisible

Vitality & Wellness – Supplementation for optimum health and fitness

Are you currently taking a multi-vitamin or other nutritional supplementation? Yes No

Are you interested in learning more about our **pharmaceutical grade supplements**? Yes No

(pharmaceutical_grade uses purest, highest quality ingredients, undergoes laboratory quality assurance testing and is manufactured for maximum absorption, unlike most on the market today)

If yes, please indicate areas of interest: anti-oxidants for eye health and protection against free radicals

- multi-vitamins specifically designed for women multi-vitamins specifically designed for men
- vitamin and herbal blend specifically designed for insomnia natural alternative for weight loss
- herbal/vitamin blend for energy boost herbal/vitamin flavored drink for energy boost
- joint and ligament protection