

Westside Optometry Patient Update

TODAY'S DATE _____

PERSONAL INFORMATION

Name _____ Nickname _____

[] Mr. [] Mrs. [] Ms. [] Dr. [] Miss. [] Rev. _____ If child, parent's name? _____

Street _____ City _____

Zip _____ Preferred Method Of Contact? Cell Home Work Email

Home Phone _____ Work Phone _____

Cell# _____ Email _____

Would you like to receive our newsletter? Y N

Occupation _____ Employer _____

Hobbies/Sports _____

OCULAR HISTORY

Concerns or problems with your eyes _____

Are you interested in glasses today? _____ Contact Lenses? _____ LASIK? _____

HEALTH HISTORY

Do you have any allergies to medications? _____ To what? _____

List any medications you are presently taking (including oral contraceptives, aspirin, over-the-counter drugs and natural remedies) _____

SOCIAL HISTORY *This information is kept strictly confidential. However, you may discuss this portion directly with the doctor if you prefer. [] Yes, I would prefer to discuss my Social History information directly with the doctor.*

Do you drive? Yes [] No [] If yes, do you have visual difficulties? Yes [] No [] If yes, please describe:

Do you use tobacco products? Yes [] No [] If yes, type, amount and how long? _____

Do you drink alcohol? Yes [] No [] If yes, type, amount and how often? _____

Do you use illegal drugs? Yes [] No [] If yes, type, amount and how often? _____

FINANCIAL POLICY

We provide the highest quality eye and vision care for our patients. In return for our uncompromising standards and service, we ask that our patients keep their accounts current. Please read, initial and sign the following FINANCIAL POLICY. If you have any questions please feel free to ask us.

Patients are expected to pay in full at the time services are rendered, and pay at least 50% towards material fees when ordered. The balance is due upon delivery of the product(s). We accept cash, checks, Visa and MasterCard. After 30 days, account balances are considered delinquent and subject to a billing charge. There is a \$10 fee for returned checks. _____

Initial

We appreciate the opportunity to serve you, your family and your friends. Our commitment is to provide you with the highest quality service and products. Thank you for your attention in providing us the above information