

## 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 and practice announcements? 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) \_\_\_\_\_

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**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**