PATIENT INFORMATION – PLEASE PRINT

William Hart, M.D.

www.harteyecenter.com

PATIENT NAME _____
FIRST LAST MIDDLE INITIAL

ADDRESS _____
City State Zip Code

DOB_____ SS#_____ Marital Status_____ Sex____ Race_____

CELL PHONE_____ EMAIL_____

HOME PHONE_____ WORK PHONE_____

EMPLOYER_____ OCCUPATION_____

INSURED/RESPONSIBLE PARTY NAME _____

ADDRESS (IF DIFFERENT)_____

PHONE # _____ EMPLOYER_____

EMERGENCY CONTACT_____ PHONE#_____

PRIMARY INSURANCE: _____

SECONDARY INSURANCE: _____

I hereby authorize Hart Eye Center to perform diagnostic and therapeutic procedures, if necessary, for proper eye care.

I REQUEST THAT PAYMENT OF AUTHORIZED INSURANCE BENEFITS BE MADE IN MY BEHALF TO WILLIAM B. HART M.D. FOR SERVICES RENDERED TO ME BY THAT PHYSICIAN. I ALSO GIVE CONSENT TO BE REMINDED OF MY APPOINTMENT OR OF ANY NEW PROCEDURES OR PRODUCTS EITHER BY PHONE, MAIL, ANSWERING MACHINE, OR EMAIL.

I UNDERSTAND THAT MEDICARE DOES NOT PAY FOR ROUTINE EYE CARE AND THAT MEDICARE CONSIDERS REFRACTIONS AS ROUTINE EYE CARE.

PATIENT SIGNATURE_____ DATE _____

PLEASE LIKE US ON FACEBOOK

HART EYE CENTER

Pt. Name: _____

Name of your primary care physician_____

Pharmacy_____Location_____

Height: _____ Weight:_____

	Yes	NO
Are you allergic to any medications?	☐	☐
Please list:_____		
Are you a current smoker?	☐	☐
Have you fallen in last 6 months?	☐	☐
Have you had a flu shot this season?	☐	☐
Have you ever had pneumonia shot?	☐	☐
Do you have watery, dry eyes?	☐	☐
Are you diagnosed with Glaucoma?	☐	☐
Have you ever had eye surgery?	☐	☐
Are you being treated for high blood pressure?	☐	☐
Do you see a cardiologist?	☐	☐
Name of Cardiologist:_____		
Do you have a pacemaker?	☐	☐
Do you use a C-PAP?	☐	☐
Are you diabetic?	☐	☐
If so, last: _____ AIC _____ Blood Sugar		
Are you diagnosed with Macular Degeneration?	☐	☐
Are you taking Plaquenil?	☐	☐

Contact lenses

Are you interested in contacts? ☐ ☐

If yes, please proceed:

1st time contact lens visit? ☐ ☐

Currently being fitted/currently wear ☐ ☐

Please be aware, if you are dispensed contact lenses in the exam room, you will be charged a contact lens fitting fee.