

Patients Name: _____

Pharmacy Name: _____

Cross Street of Pharmacy: _____

Do you currently have any health complaints: Yes / No

If yes list ALL:

Prior Surgeries:

Medications: _____ What is Medication For?: _____

What are you allergic to?

Vital Sign/Info:

Common allergies-circle all that apply OR LIST:

Height: _____ft _____in

Weight: _____lbs

Last Blood Pressure: _____/_____

Penicillin Codeine Sulfam Erythromicin
Others:

Family History: Mom/Dad/Brother/Sister/Aunt/Uncle/Cousin

Cataracts: Y / N Who? _____

Glaucoma: Y / N Who? _____

Macular Degeneration: Y / N Who? _____

Retinal Detachment: Y / N Who? _____

Diabetic Eye Disease: Y / N Who? _____

When did you have your last flu shot? _____

Social History:

Smoking: Circle ONE Daily Never Former Smoker

How many: _____/day

of years: _____ When did you Quit: _____

Alcohol: Circle ONE Daily Occasionally Never

Type: _____

How many: _____

Rec Drugs: List any _____

Preferred Language: _____

Preferred Method of contact: Phone Email Fax Mail

Ethnicity: Hispanic or Latino? Yes / No

If email please provide: _____

Race (circle one): White American Indian Alaskan Native Asian Black or African American Native Hawaiian or other Pacific Islander

Do you have Medicare or Medicaide insurance? Yes / No

Please initial once form is completed: _____

HIPPA ACKNOWLEDGEMENT

United Eye Centers, PC

Acknowledgment of Notice of Privacy Practices

Name of Patient: _____ Date of Birth: _____

I hereby acknowledge that I have received or was offered access to United Eye Centers, PC Notice of Privacy Practices.

Signature of Patient

Date

I give permission for these following persons to have access to my personal medical information and records:

Signature

Date

FOR USE WHEN ACKNOWLEDGMENT CANNOT BE OBTAINED FROM THE PATIENT

Documentation of Good Faith Efforts

To obtain patient's acknowledgment that they received provider's Notice of Privacy Practices

The patient was presented to the office _____ and was presented with a copy of United Eye Centers, PC Notice of Privacy Practices. A good faith effort was made to obtain from the patient a written acknowledgment of receipt/offer of the Notice. However, such acknowledgment was not obtained because:

- Patient refused to sign
- Patient was unable to sign because: _____
- The patient had a medical emergency, and an attempt to obtain the acknowledgment will be made at next available opportunity
- Other reason: _____

Signature

Date