

PATIENT INFORMATION

EXAM DATE ___ / ___ / ___

Last Name _____ First Name _____ M or F _____ Birth Date ___ / ___ / ___
 Address _____ City _____ St _____ Zip _____
 HomePh# _____ Cell Ph # _____ Patient SS# (required) _____
 Email _____ @ _____ Employer & Occupation _____
 How did you hear about us? _____ Reason for todays exam _____
 Are you interested in contacts? _____ Do you currently wear contacts? **Y N**

VISION INSURANCE: _____ Primary Insured's Name: _____
 Insured's ID # _____ Relationship to patient: (circle) *Self Spouse Dependent*
 DOB ___ / ___ / ___ SS# _____

MEDICAL INSURANCE: _____ Primary Insured's Name: _____
 Insured's ID # _____ Relationship to patient: (circle) *Self Spouse Dependent*
 DOB ___ / ___ / ___ SS# _____

I have read and understood the HIPPA privacy policy provided Signature _____

Please review the following and check those that apply. List medications you take for each condition.

Medical	Yourself	Relative-list relationship	List medications
Diabetes			
High Blood Pressure			
Cholesterol			
Heart Disease			
Thyroid			
Arthritis			
Cancer (list type)			
Respiratory			
Behavioral/Psychiatric			
HIV/AIDS			
Herpes			
Shingles			
Allergies to Medication			
Other conditions			
Current or Former Smoker			

Ocular	Yourself	Relative-list relationship	Please list any eye drops used
Glaucoma			
Dry Eye			
Retinal Detachment			
Macular Degeneration			
Eye Surgery			
Eye Injury			
Eye Allergies			
Prior Eye Infections			
Other			

At Monarch Eye Care we know the importance of a complete eye exam including evaluation of the internal eye. Without a thorough internal examination, serious eye diseases such as macular degeneration, retinal tears and malignant tumors can be missed. This can lead to blindness and even death.

Our standard of care involves using the Optomap (Ultra-widefield Imaging of the Retina) to obtain a photo image of the interior eye. There is a nominal fee of \$35 for this convenient imaging. If you are unable to image today, we will dilate to view the interior of your eyes. The side effects of dilation include light sensitivity and blurred vision for up to 6 hours. The drops will cause brief burning and stinging.

With certain health conditions such as diabetes and glaucoma, these photos can be billed to your medical insurance.

Please circle and sign below

Yes I would like to have the recommended retinal photos taken.

No No, I do not wish to have photos taken and will dilate instead.

Patient Signature

Date