Golden Gate Vision

Welcome to our office

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Patient Registration and Health History Form

PERSONAL INFORMATION

Patient Last Name: **First Name:**		O **Male** O **Female**	**Date:**
			Phones:
Address:			**Home:**
City:	**State:** **Zip:**		**Work:**
Occupation:	**Date of Birth:**	**Age:**	**Cell:**
How did you hear about us?	**Hobbies:**		
Name of Parent or Spouse:	**Email address:**		

INSURANCE INFORMATION

(YOUR INSURANCE COMPANY WILL NOT PROCESS YOUR CLAIM WITHOUT COMPLETING THIS SECTION IN FULL)

Primary Insured Name/Responsible Party:		**Primary Insured SS#:**
Medical Insurance:	**Spec Co-pay:**	**Primary Insured D.O.B.:**
Vision Insurance:	**Member ID No.:**	**Group No:**
Employer:	**Relationship to Insured** O **Self** O **Spouse** O **Child** O **Other**	

Patient Symptoms/Needs

O Annual eye exam	O Discharge	O Eye pain	O Dry eyes	O Near vision blurry
O Annual contact lens evalu.	O Distance vision blurry	O Eye strain	O Itchy eyes	O Temporary loss of vision
O Burning eyes	O Floaters or spots in vision	O Frequent headaches	O Light sensitivity	O Watery eyes
O Other				

I want to know about:	O LASIK	O Lenses that darken outdoors
O Rx sunglasses	O Sports specific glasses	O Wearing contact lenses for the first time

Patient Ocular History	Patient Medical History	Family Medical History
O Last eye exam _____	O Currently Pregnant?	O Glaucoma: _____
O Do you wear glasses now?	O Diabetes: How long? _____	O Retinal detachment _____
O Single Visio O Bifocal O Trifocal	O High Blood Pressure: How long? _____	O Cataracts_____
O Do you wear contact lenses?	O Thyroid Condition O Heart Condition	O Lazy Eye _____
O Soft O Hard	O Asthma O Allergies	O Blindness _____
O How often do you change your contacts?	O Migraine Headaches	O Diabetes _____
O Poor color vision	O Cancer: _____	O High Blood Pressure _____
O Trauma O Lazy Eye	O Other: _____	O Heart Condition _____
O Glaucoma O Cataracts	Medications (please list)	O Cancer _____
O Turned Eye O Blindness		O Other
O Visual blackouts	Allergies to Medications (please list)	
O Surgery:_____		

Vision Insurance does not cover treatment for medical conditions! If you need medical treatment you will need to pay for the visit or present your current medical/health insurance card.