

Cell: _____

Email: _____

BOURSE OPTICAL BOUTIQUE

DR. JOHN K. GREGORY
OPTOMETRIST

ESTABLISHED PATIENT QUESTIONNAIRE

Patient Name: _____ Primary Phone: _____

Address: _____ Alternate Phone: _____

City: _____ State: _____ Zip: _____

Employer: _____ Job Title: _____ Work Phone: _____

Date of Birth: _____ Responsible Party (if other than self): _____

Vision Insurance: _____

Please list any medical changes: _____

Please list current medication (including non prescription): _____

Allergies to any medications? Y N List _____

Was your last eye exam with us? Y N If no, when was your last exam? _____

Reason for today's visit: _____

Do you have:	Double Vision?	Y	N	Redness?	Y	N	Discharge?	Y	N
	Headaches?	Y	N	Flashes?	Y	N	Floaters?	Y	N
	Eye Strain?	Y	N	Pain?	Y	N	Burning?	Y	N
	Squinting?	Y	N	Itching?	Y	N	Watering?	Y	N
	Light Sensitivity?	Y	N	Halos?	Y	N	Eye Drops?	Y	N

Do you plan on replacing your glasses today? Y N Not Sure

Are you interested in laser surgery? Y N Maybe

List any eye surgeries or injuries: _____

Any other eye problems or concerns we should be aware of? Y N List? _____

Hobbies and Interests: _____

Does any blood relative have any of the following? (circle)

High Blood Pressure	Diabetes	Glaucoma	Macular Degeneration	Other Eye Diseases
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I hereby authorize Bourse Optical Boutique to release any information I provide or that is acquired in the course of my examination to my insurance company. I also authorize payment directly from an insurance company to Bourse Optical Boutique, if applicable. This information will be kept confidential and will not be released to anyone except my insurance carrier. I acknowledge responsibility for payment of fees for all services rendered regardless of any insurance coverage including those that my insurance company does not pay. Bourse Optical Boutique will not be responsible for claim denials by my insurance company. I agree my signature will be kept on file and authorize its use for processing of future insurance claims. I acknowledge that I have received a copy of "Notice of Privacy Practices."

Signature: _____ Date: _____

THANK YOU FOR YOUR COOPERATION IN UPDATING YOUR FILE.