

# WELCOME TO OUR OFFICE

PATTERSON EYE CENTER  
2917 W. KENNEDY BLVD.  
TAMPA, FLORIDA, 33609

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last) (First) (Middle)  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: Hm \_\_\_\_\_ Wk \_\_\_\_\_ Cell \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Patient SSN \_\_\_\_\_  
Email Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Last Eye Exam \_\_\_\_\_  
Age of Present Glasses \_\_\_\_\_ Do you also wear contact lenses? Yes No  
If Yes, Current Brand CL \_\_\_\_\_ If No, Are you interested in being fit? Yes No

**Please circle Yes or No on following questions.**

**Do you or any family member suffer from:**

Yes No High Blood Pressure? Who? \_\_\_\_\_  
Yes No Diabetes? Who? \_\_\_\_\_  
Yes No Cataract? Who? \_\_\_\_\_  
Yes No Glaucoma? Who? \_\_\_\_\_  
Yes No Do you have frequent headaches?  
Yes No Do you ever see double?  
Yes No Do you notice Spots, Floaters, or Flashes of Light in your vision?  
Yes No Have you noticed a recent change in your vision?  
Yes No Does any member have an eye disease? Describe: \_\_\_\_\_  
\_\_\_\_\_  
Yes No Have you had any eye injury and/or surgery? Describe: \_\_\_\_\_  
\_\_\_\_\_  
Yes No Are you allergic to any drugs or medications? List: \_\_\_\_\_  
\_\_\_\_\_  
Please list any current medications and reason for use: \_\_\_\_\_  
\_\_\_\_\_

**Please Check One:**

\_\_\_\_ I want to have my eyes dilated. (Recommended)  
\_\_\_\_ I do not wish to have my eyes dilated at this time. I am aware of the benefits of this procedure in the early detection of eye diseases, tumors and other related disorders.

## INSURANCE INFORMATION

Name of Insurance \_\_\_\_\_ Primary Insured (whose is it) \_\_\_\_\_  
Primary ID# or SS# \_\_\_\_\_ Primary DOB \_\_\_\_\_

**I authorize the release of any information related to this claim to the Plan and/or Claims Administrator of the vision care plan. I further assign and authorize payment of the vision benefits to the provider.**

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Whom may we thank for referring you to our office? \_\_\_\_\_

THANK YOU FOR VISITING PATTERSON EYE CENTER