

Welcome to **Harder Optometry**
Confidential Patient Information



HARDER OPTOMETRY

*In order to expedite your visit, please
bring this completed form with you
when you come for your eye exam*

Mr. Mrs. Miss Ms.

Patient _____ Date: _____

Address _____ City _____ Zip _____

Phone: _____ Date of Birth: _____

Email address: _____

Who may we thank for referring you to our office? _____

What is the nature of your visit today?

Routine yearly exam Update your glasses Update your contacts

Other _____

Do you currently wear glasses? Yes No

Do you currently wear contact lenses? Yes No

Are you interested in contact lenses? Yes No

Do you have a history of;

Eye Surgery

Glaucoma

Cataracts

Diabetes

Heart Disease

Other _____

Are you taking medications? Yes No (*Please list*) _____

Do you have allergies to medications? Yes No (*Please list*) _____

What type of work do you do? _____

Does your occupation require industrial safety glasses? Yes No

Do you use the computer at work? Yes No

Does sunlight or glare bother you? Yes No

What are your hobbies? _____

Vision Insurance: Medicare Medi-Cal VSP Other _____

Social Security #: _____ Insurance ID #: _____

Employer: _____ Address: _____

I request that payment of authorized Medicare and/or insurance benefits be made on my behalf for any services furnished me, to Mark Harder OD. I authorize any holder of medial information about me to release to the Health Care Financing Administration, its agents, or any insurance carrier I may have. If for any reason my insurance company does not make payment, I understand that I will be responsible for any unpaid charges. I consent to the use and disclosure of my health information for the purposes of treatment and payment.

Signed _____