

WELCOME TO EYECARE SPECIALISTS

Dr. Nilah Nicole Bonham / Dr. Stacy Lowdermilk

Today's Date _____

Last _____
First _____ MI _____
Street _____
City _____ State _____
Zip Code _____
Date of Birth _____ Age _____
Email _____
Home Phone _____
Work Phone _____
Cell Phone _____
Patient's SSN _____
Employer (School) _____
Occupation (Grade) _____
Spouse (Parent's Name) _____
Spouse (Parent's Work) _____

VERY IMPORTANT! NEW PATIENTS ONLY:

Who may we thank for referring you to our office?

Name of friend or relative _____

If not referred, how did you choose our office?

Another Dr. Insurance List
 Saw Sign/Building Newspaper/Radio/TV
 Yellow Pages: Which directory? _____
 Internet Other: _____

SIGNATURE ON FILE: I certify that the information given by me in applying for payment under title XVII of the Social Security Act is correct.

- I authorize use of this form on all my insurance submissions
- I authorize release of information to all my insurance
- I permit a copy of this authorization to be used in place of the \ original
- I authorize payment direct to my doctor
- I authorize my doctor to act as my agent in helping me obtain payment from my insurance companies

Signature : _____

INSURANCE INFO

Please note that MOST insurances do NOT cover the Contact Lens Evaluation.

Vision Insurance _____
Subscriber Name _____
Subscriber SSN _____
Subscriber Birth Date _____

Primary Medical Insurance _____
Subscriber Name _____
Subscriber SSN _____
Subscriber Birth Date _____

LIFESTYLE QUESTIONS

Do you..(check box if your answer is yes)

- ..work at a computer?
- ..think you might benefit from thinner, lighter lenses?
- ..have an interest in test driving. the latest contact lens designs (ex. Colors, ExtH2O)
- ..spend a lot of time outdoors?
- ..interested in sports eyewear?
- ..have prescription sun wear?
- ..prefer not to wear your glasses at times?
- ..want information on Laser Vision Correction surgery?
- ..are you interested in eyelid surgery?
- ..are you bothered by glare or reflection, particularly when night driving?
- ..have more than 1 pair of current Rx eyewear?
- ..have family members in need of eyecare?

Have you ever been diagnosed or treated for the following health problems?

- | | |
|---|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Genitourinary |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Blood/Lymph | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Kidney |
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> Lazy Eye |
| <input type="checkbox"/> Cholesterol | <input type="checkbox"/> Muscle/Bone |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Neurological |
| <input type="checkbox"/> Digestive | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Ears/Nose/Throat | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> Endocrine | <input type="checkbox"/> Thyroid |
| <input type="checkbox"/> Eczema/Rashes | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Fevers | |
| <input type="checkbox"/> Unusual weight losses/gain | |

Our office is committed to providing comprehensive eye care of the highest quality to you, your family, and our community. It is our goal to explain your eye health status and vision needs, and tailor your care, education, and referral needs specifically. We will seek continuing education to remain at the forefront of our profession and will offer the latest eye care technology, professional services, and products. Our well trained staff is dedicated to providing this care in a compassionate, respectful, and confident environment. Your individual eye care needs will always be our first priority. We will strive to exceed your expectations!