

# WELCOME TO EYECARE SPECIALISTS

## Dr Nilah Nicole Bonham

**Today's Date** \_\_\_\_\_

### Patient Information

Last \_\_\_\_\_  
 First \_\_\_\_\_ MI \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip Code \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Patient's SSN \_\_\_\_\_  
 Employer (or School) \_\_\_\_\_  
 Occupation (or Grade) \_\_\_\_\_  
 Spouse (or Parent's Name) \_\_\_\_\_  
 Spouse (or 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 companies  
 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 :** \_\_\_\_\_

**Date :** \_\_\_\_\_

### Insurance Information

*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, NIKE Sports, ExtH<sub>2</sub>O)  
 ..spend a lot of time outdoors?  
 ..interested in sports eyewear?  
 ..have prescription sunwear?  
 ..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"/> Unusual weight losses/gain |
| <input type="checkbox"/> Fatigue          |   |
| <input type="checkbox"/> Fevers           |   |

*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!*

