



**GAILMARD  
EYE CENTER**

Date \_\_\_\_\_

Patient's name \_\_\_\_\_ Mr. Mrs. Dr.  
Miss Ms. Rev.

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ WorkPhone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Texting ok?  Email ok?

Who referred you to our office? (Name) \_\_\_\_\_  
Insurance listing Family member Yellow pages Physician/Eye Doctor Think About Your Eyes

Patient's date of birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Occupation \_\_\_\_\_

Name of employer \_\_\_\_\_ City \_\_\_\_\_

Special visual demands (work or hobbies) \_\_\_\_\_

Name of spouse \_\_\_\_\_

Please list any members of your household who come to our office \_\_\_\_\_

Please check the box if you have ever had any of the following: Cataracts Glaucoma Lazy Eye  
Diabetes Macular Degeneration Eye Infections High Blood Pressure Allergies

Do you smoke? Yes No

List any other medical problems \_\_\_\_\_

Who is your family physician? \_\_\_\_\_

Have you ever had any injury or surgery to your eyes? Yes No Describe \_\_\_\_\_

Previous eye doctor \_\_\_\_\_

Have any blood line relatives had glaucoma, or other loss of sight? \_\_\_\_\_

Are you allergic to any medications? Yes No (List) \_\_\_\_\_

Do you presently wear glasses? Yes No How old are the glasses? \_\_\_\_\_  
When do you wear them? \_\_\_\_\_

Do you presently wear contact lenses? Yes No Hard Gas Permeable Soft Disposable  
If yes, how old are the contacts? \_\_\_\_\_ If no, have you ever worn contacts? Yes No

Do you have vision care insurance? Yes No Name \_\_\_\_\_

Do you have health insurance? Yes No Name and ID number \_\_\_\_\_

**Please note:** Insurance may cover only part of your charges. If we do not accept direct payment from your insurance plan, you will need to pay our office and submit your receipt for reimbursement from your insurance company. If your insurance does not pay as expected, you are ultimately responsible for all charges. We cannot be responsible if you are not eligible for benefits. We will be happy to assist you with your claims, please give any forms to the receptionist.