

List all MEDICATIONS you currently take (over the counter and prescription):

List any MEDICATION ALLERGIES: _____

<u>DO YOU HAVE AN INTEREST IN:</u>	<u>NO</u>	<u>YES</u>
Laser Vision Correction?	<input type="checkbox"/>	<input type="checkbox"/>
New Glasses?	<input type="checkbox"/>	<input type="checkbox"/>
Contact Lenses?	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Sport Goggles?	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Sun Glasses?	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Swim Goggles?	<input type="checkbox"/>	<input type="checkbox"/>

This section only for ages 18 and over

Moorestown Eye Associates is an Accredited Dry Eye Center. We utilize advanced technology to evaluate your tears and ocular surface in order to maximize your visual abilities and eye comfort. These questions below will help us determine if a tear osmolarity lab analysis is necessary for you.

Have you been diagnosed with dry eye, ocular surface disease, or rosacea?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you had LASIK or PRK?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do your eyes frequently feel dry, burny, scratchy, or sore?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do your eyes seem excessively red or teary?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you use rewetting drops or prescription eye drops twice a day or more?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you often feel like you have something in your eye?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you feel like the clarity of your vision fluctuates a lot throughout the day?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

INSURANCE SIGNATURE AUTHORIZATION

I request that payment of authorized insurance benefits be made on my behalf to Moorestown Eye Associates, LLC for services furnished to me. I authorize Moorestown Eye Associates to release to my insurance company any information needed to determine benefits payable for related services.

I understand that Moorestown Eye Associates provides BOTH routine eye examination services and medical (health) eye care. When applicable, Moorestown Eye Associates will bill in-network routine eye examination insurance (such as VSP or Eyemed) for routine eye examinations. However, if a medical eye condition (such as glaucoma, eye injury or infection, dry eye or other conditions) requires evaluation, testing, or treatment, Moorestown Eye Associates must bill your Medical Insurance in accordance with insurance contractual agreements. It is possible that BOTH routine and medical plans could be billed for one visit depending on the testing performed. **I understand that I am responsible for any co-payments, co-insurances, non covered services or products, and deductibles required by my insurance plans.**

Signature: _____ Date: _____

HIPAA COMPLIANCE ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I have received a copy of the Notice of Privacy Practices of this office. (On back of this clipboard)

Signature: _____ Date: _____