

First name _____ Date _____

The HITECH Act now requires a Social History as a part of your eye examination.

Marital Status Single Married Separated Divorced Widowed

Smoking Status – Smoking can cause Eye Dryness, Cataracts, Macular Degeneration, and other long term eye problems.

Never Smoked:

Former Smoker: _____ Years Smoking

Quit: Within the last year 4-5 years
 1-2 years 5+ years
 3-4 years 10+ years

Current Smoker: Every Day Some Days Heavy Smoker _____ Years Smoking

Alcohol Status- causes similar effects as tobacco.

None Less than 1 per day 1-2 drinks per day 3 or more drinks per day

Blood Pressure _____ Normal Unknown

Are you Right or Left handed?

Please check any of the conditions below that you are experiencing:

- | | | | |
|----|---|---|---|
| C: | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Cancer | |
| E: | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Dry Mouth |
| N: | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Tumor | <input type="checkbox"/> Stroke |
| | <input type="checkbox"/> Migraines | | |
| P: | <input type="checkbox"/> Depression | <input type="checkbox"/> Anxiety | |
| C: | <input type="checkbox"/> Hi Blood Pressure | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Vascular Disease |
| R: | <input type="checkbox"/> Asthma | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Sleep Apnea |
| G: | <input type="checkbox"/> Crohn's | <input type="checkbox"/> Ulcer | |
| G: | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Herpes | <input type="checkbox"/> Pregnant/Nursing |
| M: | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Muscular Dystrophy | |
| I: | <input type="checkbox"/> Rosacea | <input type="checkbox"/> Shingles | <input type="checkbox"/> Cold Sores |
| E: | <input type="checkbox"/> #1 Diabetes | <input type="checkbox"/> #2 Diabetes | <input type="checkbox"/> Thyroid |
| H: | <input type="checkbox"/> Hi Cholesterol | <input type="checkbox"/> Anemia | |
| A: | <input type="checkbox"/> Rheumatoid Arthritis | | |

Turn Over

Family Physician _____

Eye conditions treated by previous doctors:

- Cataract Retinopathy Macular Degeneration Glaucoma Diabetes Diabetic
- Dry Eyes Defects Eye Infections Floaters/Flashes Iritis/ Uveitis Retinal

Surgery for:

- Cataract Correction Retinal Detachment Radial K Lasik Eye Muscle
- Other _____

Family Health History

Please circle the following abbreviations for your family medical history:

	F	M	B	S		F	M	B	S
Corneal Dystrophy	F	M	B	S	Cancer	F	M	B	S
Cataract	F	M	B	S	Type 1 Diabetes	F	M	B	S
Macular Degeneration	F	M	B	S	Type 2 Diabetes	F	M	B	S
Glaucoma	F	M	B	S	Hi Blood Pressure	F	M	B	S
Retinitis Pigmentosa	F	M	B	S	Hyperthyroidism	F	M	B	S
Retinal Detachment	F	M	B	S	Hypothyroidism	F	M	B	S
Other	F	M	B	S	Rheumatoid Arthritis	F	M	B	S

List your medications and supplements:

List any allergies to medications, foods, or environment:

Signature on File Form

Patient Name _____ Birth Date _____

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Notice of Privacy Practices

I acknowledge that I have received the *Notice of Privacy Practices* from Steven Hogue, O.D., Inc. and agree with its' principles.

Signature (Parent/Guardian) Date

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Financial Terms

If you have medical or vision insurance which may cover the cost of your visit with us it is your responsibility to notify us **before you are examined**. We will try to obtain the necessary authorization. If you elect to be seen without authorization you are personally responsible for payment. We will provide a fees print-out so that you may apply for reimbursement directly to you from your insurance company.

Important rules to understand:

- You are responsible for fees your insurance company does not pay.
- If you have a deductible per year you must meet that before your insurance company will begin to pay us for your services or materials.
- Your insurance company requires us to collect any co-payments from you today.
- Your insurance requires us to collect all non-covered fees **and sales tax** today.

<p>For patients with Medicare A & B Medicare has an annual \$183.00 deductible. Have you met your deductible this year? Medicare never covers today's refraction-the portion of the visit to determine an eyeglass prescription. Medicare requires us to collect the 20% co-pay and all non-covered fees and sales tax today.</p>

We accept cash, check, Visa, MasterCard, and Discover for today's fees. Interest charges will be added immediately to any accounts not paid promptly.

I certify that the information I have provided to the staff of Steven Hogue, O.D., Inc. to apply for insurance and/or Medicare payment is true and correct. I authorize them to act as an agent in helping me obtain payment of my insurance and/or Medicare benefits. I understand my signature authorizes that these benefits be paid directly to Steven Hogue, O.D., Inc. for any services or materials I received. I authorize any holder of medical information about me to release to the Centers of Medicare and Medicaid Services and its agents or any other Insurance Company given by me any information needed to determine these benefits. If more than one insurance policy is available my signature authorizes release of the above medical information to that insurer or agency and authorizes the staff of Steven Hogue, O.D., Inc. to act as my agent.

Signature (Parent/Guardian) Date