

WELCOME TO OUR OFFICE!



Child Form

PATIENT INFORMATION	LIFESTYLE QUESTIONS
Today's Date: _____ Last Name: _____ First Name: _____ MI: _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____ Gender: M F Date of Birth: _____ Age: _____ School: _____ Grade: _____ Teacher: _____ Parent's Name: _____ Occupation: _____ Contact Phone: _____ Parent's Name: _____ Occupation: _____ Contact Phone: _____ Email: _____ Vision Plan: _____ Health Plan: _____	Are you planning on purchasing glasses today? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe Are you considering contact lenses for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe Why do you feel your child needs a visual evaluation? _____ _____ _____ How long has this problem/difficulty been observed? _____ _____ Does your child...? <i>(Check all that apply)</i> <input type="checkbox"/> wear prescription glasses? <input type="checkbox"/> have ultraviolet protection sunwear? <input type="checkbox"/> have "back up" prescription eyewear? <input type="checkbox"/> wear contact lenses? If so, what kind? _____ Solution used: _____ <input type="checkbox"/> have interest in a non-surgical approach to vision correction? <input type="checkbox"/> have a rapidly increasing prescription?
HOW DID YOU FIND OUT ABOUT OUR OFFICE? <input type="checkbox"/> Another doctor/patient— who? _____ <input type="checkbox"/> Insurance list/insurance website <input type="checkbox"/> Internet—which website? _____ <input type="checkbox"/> Other: _____	DILATION CONSENT
PRIVACY PRACTICES FOR HEALTH INFORMATION NOTICE OF PRIVACY PRACTICES: I/We have been offered a copy of Opticology Eyecare's statement on privacy practices. AUTHORIZATION TO RELEASE INFORMATION: I/We hereby authorize Opticology Eyecare to release any medical or incidental information that may be necessary for medical benefit or to obtain payment for services. This includes but is not limited to vision plans or medical insurances. CONSENT FOR TREATMENT: I/We hereby authorize Opticology Eyecare to administer diagnostic and medical procedures as may be necessary for proper health care.	Dr. Barger and the American Optometric Association recommend a dilated eye examination to fully assess the health of your eyes. With dilation, drops are placed in the eyes to enlarge the pupils so that the doctor can carefully examine you for eye disease. Dilation is routine and does not cost extra. Dilation will cause sensitivity to light and will make your near vision temporarily blurry. Our office will provide you with disposable sunglasses to minimize your sensitivity. If you have any questions, the Doctor will be happy to answer them. Please INITIAL one option below, indicating that you have read and understood the dilation consent. ___ Yes, I consent to have my child's eyes dilated today. ___ No, I do not wish to have my child's eyes dilated today, but I will reschedule the dilation. ___ No, I do not consent to have my child's eyes dilated, and I agree to hold the practice harmless as a result.
Parent/Guardian Signature _____ Date _____	Parent/Guardian Signature _____

The information in this confidential case history form is critical to the evaluation.

PATIENT EYE HISTORY	PATIENT MEDICAL HISTORY																																																																					
Date of last eye exam: _____	Primary physician: _____																																																																					
Previous eye doctor: _____	Location: _____																																																																					
Has your child ever experienced, been diagnosed, or been treated for any of the following? (Check all that apply.)	Date of last physical exam: _____																																																																					
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FAMILY MEDICAL/ EYE HISTORY	If so, what medications? _____																																																																					
Have you or a family member been diagnosed with any of the following? Please check all that apply.	Premature birth? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																					
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