

# REDMOND EYE DOCTORS

Thank you for returning to our office for your vision care. In order to provide you with the best care possible, we ask that you answer the questions below. If you prefer, we will be happy to sit down with you to help you complete this form. We are here to assist you!

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(First) (M.I.) (Last)

**NO CHANGES** (if there are changes, please update below):

Home Address: \_\_\_\_\_ City, ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H): (\_\_\_\_\_) \_\_\_\_\_ (C): (\_\_\_\_\_) \_\_\_\_\_ (W): (\_\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Preferred method of contact (please  $\checkmark$ ): Text \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

## INSURANCE

**NO CHANGES** (if there are changes, please update below):

Insurance company: \_\_\_\_\_

Subscriber name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Last 4 of SS: \_\_\_\_\_

## PATIENT MEDICAL INFORMATION

Any **new** health issues since last visit?  y  n If yes, please list \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently taking **new** medication(s)?  y  n If yes, please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Optomap** will be part of your exam today. It is a quick and efficient way of monitoring your eye health for early signs of disease before you notice any symptoms. Most patients will be able to bypass routine dilation. The Optomap also allows the doctors to keep a digital photo of your eyes each year and may be used as a comparison in the future. The cost for this service is \$39.00 and not covered by any insurance. If you wish to opt-out of this part of your exam and choose to use traditional dilation drops, initial here \_\_\_\_\_

To my knowledge, the questions on this form have been answered accurately. I understand that providing incorrect information can be dangerous to my health. It is my responsibility to inform the doctor's office of any changes in my medical status.

Patient/guardian: \_\_\_\_\_

## CONTACT LENS EVALUATION:

Contact lens evaluation and prescription are an **additional service** and are not part of a routine healthy eye exam. Most vision insurance companies **do not cover** the associated fee of this additional testing. If you are a contact lens wearer and would like a contact lens exam and prescription there may be an **out of pocket expense** for this service.

Patient/guardian: \_\_\_\_\_

FOR DOCTOR'S USE ONLY: This form was reviewed by \_\_\_\_\_ Date: \_\_\_\_\_

Dr. Rania Montecillo

Dr. Robin Gouin

Dr. Lingyan Anderson