Dr. Richard Swales

Vision Source!

Patient Name (First, MI, Last)_____ Gender M F
Address _____ Home Phone _____
City _____ State____Zip_____ Cell Phone _____Carrier_____
Date of Birth_____/_____/_____ SSN _____
Eye Color_____ Full-Time Student?_____
Race (circle) Asian African American Caucasian Hispanic Native American Pacific Islander Othe
E-mail Address _____ Can we Text/Email you (circle preference)? Y
Employer _____ Occupation_____
Work Phone _____ Spouse's Name _____
Emergency Contact/Relationship_____/_____Phone Number(s) _____

Parent/Guardian (if patient is a minor)_____
Relationship to Patient _____
Address _____ Home Phone _____
City _____ State _____Zip _____
Date of Birth_____/_____/_____ SSN _____
Employer _____ Work Phone _____

Name of Primary Vision Insurance_____
Name of Policy Holder_____ Policy Number_____
Date of Birth_____/_____/_____ SSN _____
Name of Primary Medical Insurance_____
Name of Policy Holder_____ Policy Number_____
Date of Birth_____/_____/_____ SSN _____

Have you been a patient here before? Yes _____ No _____
How did you hear about us? Referred by_____
FB_____Google_____Website_____Phonebook _____ Street Sign_____ Other _____

Are you presently under a physician's care? Yes_____ No_____ If yes, please provide name of physician and for what condition(s)?_____
_____
List any chronic health problems: High Blood Pressure_____Asthma/COPD_____
Diabetes_____Other_____
What medications do you take? _____
_____
List any allergies to medications:_____
_____
Have you ever had an eye injury? Yes_____No_____ If yes, please describe injury:
_____
Do you currently wear Contact Lenses? Yes_____ No_____ Glasses? Yes_____ No _____
When was your last vision exam?_____Where?_____
Reason(s) for appointment today (i.e. diabetes, blurred vision, want glasses/contacts):
_____

I understand, as a courtesy, the office of Dr. Richard Swales will file with my insurance company listed above for the services provided.
I further understand <u>I am responsible</u> for all fees not paid by my insurance company.

Sign _____ ***Date:***_____

Please read and sign our privacy policy on reverse side.