PREMIER EYE
ASSOCIATES

Medical Insurance Verification

Occasionally, medical conditions can be found during a routine eye examination. Having your medical insurance on file allows us to deliver the best possible health care and prescribe helpful medications, while reducing or eliminating your out of pocket cost. In order to best serve you, please select your medical insurance from the list below.

	I do not have medical insurance.

	Aetna
	Blue Cross Blue Shield
	Cigna
	Health Net
	Humana/Tricare
	Medicaid
	Medicare
	United Health Care
	Viva Medicare
	Other:

Signature: _____

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ESTABLISHED PATIENT REVIEW OF SYSTEMS

Name: _____ Email: _____

A. Do experience any of the following conditions? Circle all that apply. Dry Eyes Flashes of Light Floaters Headaches Itchy Eyes

B. Do have any of the following conditions? Circle all that apply. Diabetes High Blood Pressure

C. Please list any surgeries since your last visit: _____

D. Are your currently pregnant or nursing? Yes / No / NA

E. Do you have any allergies? Yes / No

If yes, please list: _____

F. Do you currently or have you had any of the following diseases or medical conditions?

Y N Abnormal Bleeding
Y N Anemia
Y N Arthritis
Y N Asthma
Y N Blood Transfusion
Y N Cancer/ Chemotherapy
Y N Colitis
Y N Congenital Heart Defect
Y N Diabetes
Y N Difficulty Breathing
Y N Emphysema
Y N Epilepsy
Y N Fainting Spells
Y N Frequent Headaches
Y N Hay Fever
Y N Heart Attack
Y N Heart Murmur
Y N Heart Surgery
Y N Hemophilia
Y N Hepatitis
Y N Herpes / Fever Blisters
Y N High Blood Pressure
Y N HIV+ / AIDS
Y N Kidney Problems
Y N Liver Disease
Y N Low Blood Pressure
Y N Lupus
Y N Mitral Valve Prolapse
Y N Osteoporosis / Paget's Disease
Y N Pacemaker
Y N Psychiatric Treatment
Y N Radiation Treatment
Y N Rheumatic / Scarlet Fever
Y N Seizures
Y N Sexually Transmitted Disease
Y N Shingles
Y N Sickle Cell Disease / Traits
Y N Sinus Problems
Y N Stroke
Y N Thyroid Problems
Y N Tuberculosis (TB)
Y N Ulcers
Y N Heart Attack
Y N Heart Murmur
Y N Heart Surgery
Y N Hemophilia
Y N Hepatitis
Y N Herpes / Fever Blisters

Do you have any other medical conditions not listed above? _____

Please list any medications or supplements you are taking:_____