
First Name Last Name Preferred Name

Street Address City State Zip

Patient SSN Date of Birth Email address Gender Male Female Other

Preferred Number Cell Home Work Alternate Number Cell Home Work

Guardian Name (If Minor) Guardian Date of Birth Relationship to Patient

PRIMARY MEDICAL INSURANCE INFORMATION

Insurance Name Member ID Number

Subscriber's Name Subscriber's Date of Birth Relationship to Subscriber

VISION PLAN INFORMATION

VSP EyeMed Davis Vision Spectera Other _____

Member ID Number Subscriber's Name Date of Birth

Please read:

I acknowledge that I have had the chance to review the Notice of Privacy Practices and upon request may have a copy. The patient's portion is to be paid at the time services are rendered unless other arrangements are made in advance. The undersigned will be responsible for any bill incurred in this office regardless of insurance. Accounts 90 days old are subject to collection fees in addition to the account balance due. There will be a service charge on all returned checks. Professional services are not refundable and all product sales are final. Any returns that are approved may be subject to a restocking fee. I authorize payment from my insurance to be paid directly to Dr. Carvell and Associates. I understand that billing any out of network insurance will be my responsibility. I understand that all benefits quoted to me are not a guarantee of payment by my insurance company and that final determination can only be made when the claim is processed. I authorize the use of this form on all insurance submissions and the release of all information to my insurance companies. I authorize my doctor to act as my agent in helping me obtain payment from my insurance companies. I permit a copy of this authorization to be used in place of the original.

Refraction: A \$25 fee is charged for the performance of the refraction. A refraction is performed to determine your best-corrected vision to distinguish medical eye problems from a simple need for glasses. Most medical insurance plans, including Medicare and Tricare for Life, do not cover routine eye examinations and they do not consider the refraction to be a part of a medical eye exam. When a refraction is performed, our office will collect your refraction charge along with any copayment and deductible due at the time of service.

Patient Signature: _____

Patient Name _____

Date of Birth _____

Current Medications:

Medication Allergies:

Latex Sensitivity

Ocular History:

- Glaucoma/Suspect
- Cataract
- Macular Degeneration
- Retinal Detachment
- Keratoconus
- Dry Eye

Family History:

- High Blood Pressure
- Diabetes
- Cancer
- Glaucoma/Suspect
- Cataract
- Macular Degeneration
- Retinal Detachment
- Keratoconus

Social History:

- Drinking
-Amount _____
- Tobacco Use
-Type _____
- Current Smoker
- Former Smoker

Reason for Visit:

- No Vision Changes
- Blurred Reading
- Blurred Distance
- Flashes/Floaters
-How Long _____
- Redness
- Burning/Itching
- Tearing/Discharge
- Light Sensitivity
- Headache
- Poor Night Vision
- Total Vision Loss
- Other-Be Specific _____

Medical History

Constitution:

- Developmental Disabilities
- Cancer Type _____

ENT:

- Hearing Loss
- Sinus Problems

Neuro:

- Multiple Sclerosis
- Epilepsy/Stroke
- Cerebral Palsy
- Tumor
- Migraine
- Autism Spectrum

Psych:

- Depression
- Attention Deficit
- Anxiety
- Bipolar

Cardiovascular:

- High Blood Pressure
- Stroke
- Heart/Vascular Disease
- Congestive Heart Failure

Respiratory:

- Smoker
- Asthma
- Emphysema
- COPD
- Sleep Apnea

GI:

- Crohn's
- Colitis
- Ulcer
- Acid Reflux
- Celiac Disease

GU:

- Kidney Disease
- Prostate Disease/Cancer
- STD (Herpes/Chlamydia)
- Pregnant
- Nursing

Musc/Skel:

- Osteoarthritis
- Arthritis
- Fibromyalgia
- Muscular Dystrophy
- Osteoporosis

Integumentary:

- Eczema
- Rosacea
- Psoriasis
- Cold Sores
- Shingles

Endo:

- Diabetes
Type _____ A1C _____
- Thyroid Dysfunction
- Hormone Dysfunction

Hem/Lymp:

- Anemia
- Blood Loss
- Ulcer
- High Cholesterol

Allergy/Imm:

- Drug Allergies
- Environmental Allergies
- Rheumatoid Arthritis
- Lupus
- Sjogren's Syndrome