VSP

LA PALMA EYE CARE CENTER

Serving our community for 26 years

Todays Date:_____/_____/_____

First Name: _____ MI.: _____ Home Phone: ( ) -

Last Name: _____ Work Phone: ( ) -

Birth Date: _____/_____/_____ Cell Phone: ( ) -

Marital Status: ❒ Married ❒ Single *Sex:* ❒ M ❒ F SS#: _____

Address: _____ City: _____ CA Zip: _____

Responsible Party: ❒ Self ❒ Other _____

Relationship: _____ Phone: ( ) -

Address: _____ City: _____ CA Zip: _____

Primary Insurance: _____ ❒ Medicare

Subscriber Name ❒ Self ❒ Other _____

Secondary Insurance: _____ ❒ Medicare ❒ Medi-Cal

Subscriber Name ❒ Self ❒ Other _____

Emergency contact: Name: _____ Phone: ( ) -

Name of family physician: _____

I authorize payment of medical benefits and release of medical information to Ilan Hartstein, M.D. inc. I agree to pay any amount approved but not paid for by my insurance eg: Co-pay, Co-insurance, non covered services, I acknowledge that I have received a copy of the notice of Privacy Practice.

_____

Patient's or Authorized Person's Signature

_____/_____/_____

Date

VSP

COMPREHENSIVE HISTORY (Please fill in all sections)

Name: _____

Date: _____ Sex: ___ Age: _____

Referred by _____
❒ Doctor ❒ Friend ❒ Family Member

Chief complaint/Reason for visit: _____
_____
_____
_____
_____

Allergies to medications: ❒ No ❒ Yes
If yes please list allergies: _____
_____
_____

Previous eye history: ❒ **None**
_____
_____

Previous medical history: ❒ **None**
_____
_____
_____
_____

Current medications or drops: ❒ **None**
_____
_____
_____
_____

MEDICAL HISTORY/SYSTEM REVIEW

Do You Have/ Have you Had?	Yes	No	Comments
Asthma			
Shortness of Breath			
Chest Pain			
Heart Attack			
High Blood Pressure			
Stroke			
Hepatitis			
Ulcer			
Cancer			
Kidney Stones			
Headaches			
Diabetes (How long?)			
Thyroid Trouble			

Continued	Yes	No	Comments
Arthritis			
Skin Problems			
Hearing Problems			
Tobacco (Packs/day)			
Alcohol			

Other:_____
_____
_____

Family History
❒ Glaucoma
❒ Retinal Disease
❒ Blindness
❒ Diabetes
❒ **None**

Signature: _____ **Date:** _____