

Welcome To Our Practice

Last Name: _____
First Name: _____ M.I. _____
Circle: Mr. Mrs. Ms. Miss Dr. Rev. _____
Address: _____
City: _____
State: _____ ZIP: _____
Phone: (____) _____
Social Security #: _____
E-mail: _____

Today's Date: ____ / ____ / ____
Sex (circle): M F
Birth date: ____ / ____ / ____ AGE: ____
Last Exam: _____
Do you wear contacts? Yes No
Are you interested in contacts? Yes No
Reason for today's visit: _____
Occupation: _____

Vision/ Medical History

Do you, the patient, have?

Diabetes? Yes No
High blood pressure? Yes No
High cholesterol? Yes No
Lung problems? Yes No
Heart disease? Yes No

Cataracts? Yes No
Glaucoma? Yes No
Lazy eye? Yes No
Double vision? Yes No
Eye surgery/ injury? Yes No

Medications: _____
Allergies: No Yes ⇨ _____

Vision Insurance

Primary Insurance

Plan Name: _____
Subscriber's Name: _____
Identification #: _____
Group #: _____
Authorization #: _____

Other Vision Insurance

Plan Name: _____
Subscriber's Name: _____
Identification #: _____
Group #: _____
Authorization #: _____

Insurance Authorization/ Signature on File

I authorize release of any information to my insurance company necessary to process a claim; I authorize payment to be made directly to Dr. Gerald Geist; I authorize use of this form on all my insurance submissions and permit a copy of this authorization to be used in place of the original; I understand that I am responsible for payment for any exam amount not paid for by my insurance; I understand this office does not in any way guarantee payment for exam by accepting my insurance plan.

Patient/ Guardian's Signature: ⇨ _____ ⇐ Required for Insurance

RECEIPT OF NOTICE OF PRIVACY PRACTICES

**Your Privacy Is Important To Us
We Will Keep Your Personal Information Private**

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, the below signed patient, or patient's representative, acknowledge that I have received the Notice of Privacy Practices of Dr. Gerald Geist & Associates, Optometrists.

Patient/ Guardian's Signature: ⇨ _____ ⇐ HIPAA Privacy Act Of 1996

Date signed: ____ / ____ / ____