

PACIFIC EYE SPECIALISTS
1850 Sullivan Avenue, Suite 540, Daly City , CA 94015
 Bernd Kutzscher, MD Michael Hee MD, PHD Rachelle Rebong, MD

PATIENT INFORMATION

First Name	Last Name	Middle Initial
Social Security Number	Date of Birth	
Name of Spouse (or Responsible Party if Minor)		
Home Address	Home Phone ()	
	Cell Phone ()	
Business Address	Business Phone ()	
	Occupation	
Email Address		
Emergency Contact Name	Relationship	Phone
Referred to this office by		
Family Doctor Name/Address		

INSURANCE INFORMATION

Medical Insurance Policy Name	Policy Number
Subscriber Name	
Secondary Insurance Policy Name	Policy Number
Subscriber Name	
Vision Insurance Policy Name	Policy Number
Subscriber Name	
<i>If person other than patient is subscriber for any of the above policies, please fill out below information:</i>	
Subscriber Name	SSN: DOB:

By signing below, I authorize my insurance benefits to be paid directly to the doctor and agree that I will be responsible for non-covered services. I authorize my physician or his agents to release any information to my insurance to process claims for my care. I also understand that I am responsible for a \$25 administrative fee if I do not keep an appointment and do not inform the office of this cancellation at least 24 hours ahead of the appointment.

Signature	Date
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By signing below, I acknowledge that I am aware that this office (Pacific Eye Specialists) has a privacy policy that is designed to protect the privacy of my medical information and that is based on the standards of the "Health Insurance Portability and Accountability Act" (HIPAA). I understand that health care providers are allowed to use my confidential information for purposes of treatment, payment or healthcare operations including electronic prescriptions (e-Rx), and I authorize this use by Pacific Eye Specialists. I understand that a written summary of the privacy policy is available and that I may review it.

Signature	Date
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GENERAL HEALTH HISTORY

Please check if you have ever experienced any of the following:

<input type="checkbox"/> Weight Loss / Fevers	<input type="checkbox"/> Diabetes	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Lung Disease
<input type="checkbox"/> Heart Attack / Angina	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Stroke	<input type="checkbox"/> High Cholesterol
<input type="checkbox"/> Thyroid Disease	<input type="checkbox"/> Sinus Disease	<input type="checkbox"/> Cancer	<input type="checkbox"/> Neurological Problems
<input type="checkbox"/> Bleeding Problem	<input type="checkbox"/> HIV	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> TB

Please check if any of the below statements are true for you:

- Yes, I am pregnant
- Yes, I smoke or have smoked in the past
- Yes, I drink alcohol daily
- Yes, I work around machinery
- Yes, I have experienced problems with anesthesia

FAMILY EYE HISTORY

Please check if there is any family history of the below :

<input type="checkbox"/> Cataract	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Macular Degeneration	<input type="checkbox"/> Retinal Detachment
<input type="checkbox"/> Diabetic Retinopathy	<input type="checkbox"/> Eye Surgery	<input type="checkbox"/> Eye Trauma	<input type="checkbox"/> Other Eye Disease

MEDICATIONS

Please list all medications you are currently taking:

Allergies: Please list medications you are allergic to:

ADDITIONAL INFORMATION

Please check if you would like more information on any of the below topics:

<input type="checkbox"/> Cataract Surgery	<input type="checkbox"/> Deluxe Lens Implants (PanOptix or Crystalens)
<input type="checkbox"/> Lens Implant for Astigmatism	<input type="checkbox"/> Macular Degeneration
<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Dry Eye	<input type="checkbox"/> Eye Color Changing Contact Lenses

GLASSES OR CONTACT LENSES

Are you interested in a new pair of glasses or contact lenses? Please check below.

<input type="checkbox"/> Yes, I need a new pair of glasses	<input type="checkbox"/> Yes, I need new contact lenses
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