PACIFIC EYE SPECIALISTS
A Professional Corporation
1850 Sullivan Avenue, Suite 540, Daly City, CA 94015

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 Number Subscriber Name	Policy	
Secondary Insurance Policy Name Number Subscriber Name	Policy	
Vision Insurance Policy Name Number Subscriber Name	Policy	
If person other than patient is subscriber for any of the above policies, please fill out below information:		
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

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:

☐ Weight Loss / Fevers	☐ Diabetes	☐ High Blood Pressure	☐ Lung Disease
☐ Heart Attack / Angina	☐ Arthritis	☐ Stroke	☐ High Cholesterol
☐ Thyroid Disease	☐ Sinus Disease	☐ Cancer	☐ Neurological Problems
☐ Bleeding Problem	☐ HIV	☐ Hepatitis	☐ 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:

☐ Cataract	☐ Glaucoma	☐ Eye Surgery	☐ Retinal Detachment
☐ Diabetic Retinopathy	☐ Macular Degeneration	☐ Eye Trauma	☐ 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:

☐ Cataract Surgery	☐ Glaucoma
☐ Deluxe Lens Implants (PanOptix or Vivity)	☐ Macular Degeneration
☐ Toric Lens Implant for Astigmatism	☐ Diabetes
☐ Dry Eye	☐ Eye Color Changing Contact Lenses

GLASSES OR CONTACT LENSES

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

☐ Yes, I need a new pair of glasses	☐ Yes, I need new contact lenses

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California Assembly Bill 1278, which goes into effect Jan.1, 2023, requires physicians to provide a written or electronic notice of the Open Payments database to patients during their initial office visit. The database is designed to provide transparency regarding such payments and to inform patients of any potential conflicts of interest in recommending any drug or medical services, enabling patients to make a more informed choice when considering their care.

For informational purposes only, a link to the federal Centers for Medicare and Medicaid Services {CMS) Open Payments web page is provided here. The Physician Payments Sunshine Act requires that detailed information about payment of value worth over ten dollars ($10) from manufacturers of drugs, medical services, and biologics to physicians and teaching hospitals be made to the public.

The Open Payments database can be found at openpaymentsdata.cms.gov

Medical doctors are licensed and regulated by the Medical Board of California.
To check a license, go to www.mbc.ca.gov or email licensecheck@mbc.ca.gov

Date _____ Patient Name (print) _____

Patient Signature _____

If unable to sign, patient representative name _____

Signature and relationship _____