

Welcome To Our Office

Welcome to Harmon's Opticians! Thank you for choosing us for your eye care needs. We are delighted to have you as a patient and appreciate the confidence you have placed in us. Please take a moment to complete the following information. If you have any questions, please do not hesitate to ask.

Name _____ Date of Birth ____/____/____
Address _____ Male Female
City _____ State _____ Zip Code _____
Cell Phone (____) _____ - _____ Home Phone (____) _____ - _____ Work Phone (____) _____ - _____
E-Mail Address _____
How were you referred to our office? _____

VISION INSURANCE

Do you have vision insurance? Yes No If yes, please complete this section:

Primary Vision Insurance (circle one): Eyemed Physicians Eyecare Plan Cigna Other: _____
Primary Member Name _____ Member ID _____
Primary Member Date of Birth ____/____/____ Patient Relationship to Primary Member:
 Self Spouse Child Other

PART ONE- Optical Questionnaire

Do you currently wear glasses? Yes No Do you wear sunglasses? Yes No
Do you have visual difficulty while driving? Yes No Do you have glare problems? Yes No
Do you have problems with night vision? Yes No Do you use a computer? Yes No
Do you have any specific eyewear needs such as:
 Computer (custom prescription, anti-glare, tints or coatings) Special Interest (Piano, Sewing, Reading)
 Safety (construction, mechanics, plumbing, welding) Sports/Hobbies (motorcycle, shooting, hunting, fishing)
Do you wear contact lenses? Yes No If yes, which brand? _____

PART TWO- Medical History

Please check if you have had any of the following:

Glaucoma Cataract Macular Degeneration Diabetes High Blood Pressure Stroke
 Eye Injury Eye Infection Eye Surgery

I acknowledge that all of the above information is correct. I authorize Harmon's Opticians to release any information needed to secure payment from my insurance company. I understand that I am responsible for full payment of any remaining balance not paid by my insurance company. I understand that payment is expected when services are rendered.

Signature _____ Date ____/____/____