

**Welcome To Jones Eyecare Associates**

Date: \_\_\_\_\_

Gender: M / F

Patient Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Please List any Vision Insurance: \_\_\_\_\_

Date of Last Exam: \_\_\_\_\_ Do you wear glasses? \_\_\_\_\_ Contacts:(if so,type) \_\_\_\_\_

Do you have trouble seeing: Up close: \_\_\_\_\_ Distance: \_\_\_\_\_

Any other problems with your eyes: \_\_\_\_\_

Have you had any injury, illness, or diseases that have affected your eyes? \_\_\_\_\_

**General Health**

Diabetes: \_\_\_\_\_ Allergies/Sinus: \_\_\_\_\_ Heart Problems: \_\_\_\_\_ High Blood Pressure: \_\_\_\_\_ Lung Problems: \_\_\_\_\_ Headaches: \_\_\_\_\_

Please list all current medications: \_\_\_\_\_ Drug Allergies: \_\_\_\_\_

**Family History**

Glaucoma: \_\_\_\_\_ Crossed eyed: \_\_\_\_\_ Diabetes: \_\_\_\_\_ Blindness: \_\_\_\_\_ Other: \_\_\_\_\_

**For Office Use Only**

Reason for visit GLX/CLX/Other: \_\_\_\_\_ NP/FP Doctor \_\_\_\_\_

CL Brand: OD \_\_\_\_\_ BC \_\_\_\_\_ 20/ \_\_\_\_\_

OS \_\_\_\_\_ BC \_\_\_\_\_ 20/ \_\_\_\_\_

Habitual Rx OD \_\_\_\_\_ 20/ \_\_\_\_\_

OS \_\_\_\_\_ 20/ \_\_\_\_\_ Add \_\_\_\_\_

Objective Rx OD \_\_\_\_\_

OS \_\_\_\_\_

NCT OD \_\_\_\_\_ OS \_\_\_\_\_

KER OD \_\_\_\_\_ / \_\_\_\_\_ OS \_\_\_\_\_ / \_\_\_\_\_

Unaided Acuties: OD 20/ \_\_\_\_\_

OS 20/ \_\_\_\_\_

Final Rx OD \_\_\_\_\_ OS \_\_\_\_\_ Add \_\_\_\_\_

# HIPAA Privacy Release Authorization

Per Oklahoma Stat Title 63, Section 1-502 all information that identify any communicable or venereal disease is confidential. Due to Oklahoma State Title 63, section 1-502, Jones Eyecare Associates must receive written authorization from its patients prior to third-party individuals being present during time of examination.

If you want to authorize anyone other than yourself to be present during your examination, or allow anyone other than yourself to pick up your prescription or contacts please complete the section below.

## Protected Health Information Release Authorization

I understand that by granting this authorization the information that is discussed may include information, which may be considered a communicable, or venereal diseases, which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea, and the immunodeficiency virus.

I, \_\_\_\_\_, do/do not authorize the following  
(Patient's Name)  
persons to have access to my protected health information:

Name

Relationship to patient

- 1.
- 2.
- 3.

As well as a basic eye examination, it is strongly recommended that all patients undergo pupillary dilation in order to assure a thorough evaluation of ocular health. Those patients with a history of floaters, flashing light, and/or a family history of diabetes, high blood pressure, or any type of eye disease are especially urged to undergo this supplemental examination. **THERE IS AN ADDITIONAL \$25.00 FEE FOR DILATION.**

**I understand the importance of pupillary dilation and  
(Please Circle One) Do / Do Not  
Want to have this procedure today.**

Glaucoma is the leading cause of preventable blindness in the U.S.A. We strongly recommend that all of our patients receive the GDxVCC screening exam. It is especially important if you have glaucoma or a family history of glaucoma, a strong eyeglass prescription, are over age 40, African American, have an unexplained vision loss, or have high intraocular pressure. This state of the art procedure takes approx. 2 minutes of your time, **AND THERE IS AN ADDITIONAL CHARGE OF \$19.00.**

**I understand the importance of GDxVCC screening and  
(Please Circle One) Do / Do Not  
want to have this procedure today.**

**\*If you choose to do dilation and GDx on the day of your exam your cost will be \$35.00; a saving of \$9.00**

**I have read and consent to the above information and acknowledge receipt of Privacy Policies and practices of Jones Eyecare.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Santa Fe Office Only