



Patient History Update Form

Hey there, and welcome back! Can you believe it's already been a year? We have a lot of your info on file from last time, but let's catch up a bit (as required by those pesky insurance regulations), and we can get started right away!

For the record (literally), we need your: _____ and ____/____/____
Full Legal Name Date of Birth

Since we saw you last, **have any of the following changed?**

<u>Demographic data</u>	<u>Yes</u>	<u>No</u>	<u>Medical History</u>	<u>Yes</u>	<u>No</u>
Mailing address	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol, tobacco, or drug use	<input type="checkbox"/>	<input type="checkbox"/>
Phone number	<input type="checkbox"/>	<input type="checkbox"/>	Allergies to medications	<input type="checkbox"/>	<input type="checkbox"/>
Email address	<input type="checkbox"/>	<input type="checkbox"/>	Seasonal/environmental allergies	<input type="checkbox"/>	<input type="checkbox"/>
Preferred contact method	<input type="checkbox"/>	<input type="checkbox"/>	Medical conditions, self	<input type="checkbox"/>	<input type="checkbox"/>
Computer/screen use	<input type="checkbox"/>	<input type="checkbox"/>	Medical conditions, family	<input type="checkbox"/>	<input type="checkbox"/>
Marital status	<input type="checkbox"/>	<input type="checkbox"/>	Eye-related conditions, self	<input type="checkbox"/>	<input type="checkbox"/>
Hobbies	<input type="checkbox"/>	<input type="checkbox"/>	Eye-related conditions, family	<input type="checkbox"/>	<input type="checkbox"/>
Employer	<input type="checkbox"/>	<input type="checkbox"/>	Surgeries to your eyes	<input type="checkbox"/>	<input type="checkbox"/>
Medical insurance	<input type="checkbox"/>	<input type="checkbox"/>	Current medications	<input type="checkbox"/>	<input type="checkbox"/>
Vision "insurance"	<input type="checkbox"/>	<input type="checkbox"/>	Contact lens usage	<input type="checkbox"/>	<input type="checkbox"/>

If you marked "yes" to any of the above, please let us know what's different here: _____

What brings you in to see us today? Monitor existing eye conditions New problem Referral from doctor
Do you need an updated prescription: ...for eyeglasses? Yes No ...for contact lenses? Yes No
Existing eye conditions" includes anything we have previously seen you for, like managing glaucoma, monitoring and treatment of UV exposure, ocular allergy, or dry eye, and includes things like nearsightedness and astigmatism

What are your symptoms (if applicable)? _____

Do you have any medical conditions (like diabetes, high blood pressure, hepatitis, etc) or are you currently taking any medications that may adversely affect the health of the eyes (like Plaquenil, Latisse, Interferon, etc.)? Yes No
If yes, do you need medical testing (like diabetic eye exam, imaging) and a report sent to your doctor? Yes No

Please note: Medical testing and procedures will be billed to your medical insurance, and routine vision testing and materials will be billed to your vision insurance, as per insurance billing regulation. Medical insurance will deny any claims submitted for routine purposes and vision insurance will deny any claims submitted for medical purposes. Please do not ask or expect us to commit insurance billing fraud. The answer is no.

As a courtesy, the friendly folks at Couture Vision will do our best to interpret any insurance benefits that may be available to you. We do not claim to be experts in the ever-changing world of insurance, nor do we have advanced degrees in mathematics, or a crystal ball to tell us what the insurance companies will ultimately say. Also, we are human (allegedly...), and sometimes make mistakes. The estimates that we provide to calculate payments are just that...**estimates**. We will contact you immediately with any discrepancy between the estimate and the amount due.



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Health Testing

[i]PROTECT Retinal Screening: Retinal screening is the best way to detect the early onset of disease. To do this, we scan the retinal tissue using light rays (like an X-ray for the back of the eye, but without the radiation). This scan shows what is happening deeper within the eye, even behind the tissue that can be seen with dilation alone. Retinal screening is completely non-invasive, and typically **does not require the use of eye drops**.

This test is **strongly encouraged for all patients over the age of 40** (especially if we did not do this scan last year), those with medical conditions like diabetes, high blood pressure, high cholesterol, a history of cancer, glaucoma, macular degeneration, retinal disease, or family members with those conditions. It is also strongly recommended for patients taking certain medications that can affect the eyes (like Plaquenil), patients presenting with symptoms like headaches, pressure in/around the eyes, seeing black spots or wavy lines, or those **patients that want the most thorough examination possible**. The cost for this important screening test is only \$39.

Dilation: We are happy to provide a dilated fundus exam as part of our comprehensive eye examination, at no additional charge. Ever.

The drops that are used to dilate pupils require approximately 15-20 minutes to take effect and the eyes will remain dilated for 3-6 hours. During that time, it is normal to experience light sensitivity and blurred vision. Serious side effects rarely occur, but if you experience pain around the eyes or nausea, please notify the doctor immediately.

Would you like an [i]PROTECT Retinal Screening? Yes No Would you like a dilation? Yes No

INSURANCE BOILERPLATE UPDATE ALERT!!! (Please INITIAL each point, and SIGN below)

_____*Assignment of Benefit:* I authorize the assignment of benefits payable to Couture Vision for physician services and materials by government and/or any other private third party payer.

_____To comply with HIPAA guidelines, patients over the age of 18 will be their own responsible party. For patients under the age of 18, please provide the name of the guarantor: _____

_____ *Statement of Financial Responsibility:* I understand that payment is due on the date of service, and that payments are based on *estimates* calculated using only information available at the time of service, and that the total payment due is therefore subject to change. I further understand that I will be held responsible for payment of all co-payments, co-insurance, deductibles, and non-covered services.

_____ *Authorization for Release:* I authorize Couture Vision to release to my insurance carrier or its agents any information concerning care, advice, treatment, or materials provided to me for the purposes of administration, review, investigation, or evaluation of claim coverage and utilization of services. I authorize that a copy of this information is valid as the original. I will notify Couture Vision in writing of any information that I do not want released.

I also give my permission to the fun people at Couture Vision to release any medical information to (if any):

Name: _____ Relationship: _____

To the best of my knowledge, the above information is true and correct.

Signed: _____ Date: _____
(Patient/guardian) (Relationship)