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PATIENT INFORMATION

PATIENT NAME \_\_\_\_\_ DOB \_\_\_\_\_ GENDER [ ] MALE [ ] FEMALE

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PREFERRED PHONE NO. \_\_\_\_\_ EMAIL \_\_\_\_\_

SECONDARY PHONE NO. \_\_\_\_\_ IF A MINOR, PARENT'S NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_ [ ] UNEMPLOYED [ ] RETIRED [ ] STUDENT EMPLOYER \_\_\_\_\_

PRIMARY CARE PHYSICIAN \_\_\_\_\_ PCP PHONE NO \_\_\_\_\_

HOBBIES/ACTIVITIES DO YOU ENJOY MOST OUTSIDE OF WORK?

- [ ] ART/CRAFTS/COLLECTING [ ] WATCHING TV [ ] READING [ ] OUTDOOR ACTIVITIES [ ] SPORTS
[ ] COMPUTER/VIDEO GAMES [ ] COOKING [ ] MUSIC [ ] OTHER (LIST) \_\_\_\_\_

OCULAR (EYE) & MEDICAL HISTORY

DATE OF LAST EYE EXAM \_\_\_\_\_ HAVE YOU EVER HAD YOUR EYES DILATED? [ ] YES [ ] NO

HAVE YOU HAD ANY EYE SURGERY OR AN EYE INJURY? [ ] YES [ ] NO IF YES, EXPLAIN \_\_\_\_\_ DATE \_\_\_\_\_

ARE YOU INTERESTED IN CONTACT LENSES TODAY? [ ] YES [ ] NO

ARE YOU INTERESTED IN REFRACTIVE SURGERY (INCLUDING LASIK)? THE INITIAL CONSULTATION IS FREE. [ ] YES [ ] NO

DO YOU OR ANY BLOOD RELATIVES (PARENTS, GRANDPARENTS, SIBLINGS) HAVE:

Table with 2 columns of conditions (Diabetes, Thyroid Problems, etc.) and 3 columns for SELF, RELATIVE, and LIST RELATIONSHIP.

ARE YOU TAKING ANY MEDICATION, INCLUDING EYE DROPS? [ ] YES [ ] NO

IF YES, PLEASE LIST: \_\_\_\_\_

DO YOU HAVE ANY KNOWN ALLERGIES TO MEDICATIONS OR EYE DROPS? [ ] YES [ ] NO

IF YES, PLEASE DESCRIBE: \_\_\_\_\_ REACTION: \_\_\_\_\_

DO YOU SMOKE? [ ] YES [ ] NO IF YES, NUMBER OF PACKS/DAY \_\_\_\_\_ HOW MANY YEARS \_\_\_\_\_
DO YOU CONSUME ALCOHOL? [ ] YES [ ] NO IF YES, AVERAGE NUMBER OF DRINKS PER WEEK \_\_\_\_\_
ARE YOU PREGNANT? [ ] YES [ ] NO ARE YOU NURSING? [ ] YES [ ] NO

WHOM MAY WE THANK FOR REFERRING YOU TO OUR PRACTICE?

[ ] FAMILY DOCTOR [ ] INSURANCE COMPANY [ ] YELP [ ] ANOTHER PATIENT \_\_\_\_\_ [ ] OTHER \_\_\_\_\_

HIPAA compliance Acknowledgement of Receipt

I acknowledge that I received a copy of Seth Bernstein, O.D. & Lisa Benham, O.D. notice of privacy practices

PATIENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_