WELCOME TO OUR OFFICE

Please Print

Mr. / Mrs. / Ms. / Dr. / Other_____ Name_____ Today's Date_____

Date of Birth_____ Age_____ Name of Spouse or Parent_____

Address_____ City_____ Zip_____

Home Phone_____ E-Mail_____ If Student, Grade___

Occupation_____ Employer_____Work Phone_____

PAYMENT IS REQUIRED WHEN SERVICES ARE RENDERED

Preferred Payment Method: Cash [] Check [] Credit Card []

Vision Insurance:_____ Major Medical Insurance:_____

Eye History:

Last Complete Eye Exam:_____ By Dr._____ Where:_____

Were Glasses Prescribed?_____ Age of Present Glasses:_____ Were Contacts Prescribed?_____

Have You Ever: Had Problems Wearing Contacts [] Been Told That You Cannot Wear Contacts []
Have You Ever Received Vision Training or Eye Exercises?_____
Have You Ever Received Treatment or Surgery to Your Eyes?_____

Reason For Your Visit Today:_____

_____

_____

Are You Experiencing Any of the Following?
Burning [] Itching [] Tearing [] Light Sensitivity [] Pain [] Double Vision [] Eyestrain []
Spots or Floaters [] Flashes of Light [] Blurry Vision at Distance [] or Near [] or Both []

How Many Hours Per Day Do You Use A Computer?_____ Does Office Lighting Bother You?_____
Do Letters Ever Seem To "Swim"?_____ Do Reflections & Glare Bother You?_____
When Computing, Do Your Eyes Get: Red [] Dry [] Ache [] Sore []
Do Letters Blur as You Read?_____ Do You: Lose Your Place Often [] Avoid Certain Tasks []
Does It Take More Effort To See Clearly As The Day Wears On?_____

Please List Activities That You Do At Work:_____

Please List Your Hobbies & Leisure Activities:_____

General Health: (Past or Present)
How Is Your General Health: Excellent [] Good [] Fair [] Poor []
Allergies [] Cardiovascular / Heart Disease [] Eye Disease [] Cancer [] Diabetes [] Headaches []
Lazy Eye [] High Blood Pressure [] Arthritis [] Head Injuries [] Glaucoma [] Skin Condition []
Seizures [] Eye Injuries [] Cataracts [] Herpes Virus (eye) [] Blindness [] Crossed Eyes [] AIDS []
Bell's Palsy [] Color Blindness [] Tobacco Use [] Alcohol Use [] Drug Abuse [] Retinal Detachment []
Dry Eye Syndrome [] Macular Degeneration [] Respiratory Condition [] Psychiatric Condition []
Ear, Nose, Mouth or Throat Condition [] Gastrointestinal Condition [] Blood Disorder []
Neurological Disorder [] Constitutional System Condition [] Genitourinary Condition []
Endocrine System Condition [] Muskuloskeletal System Condition []

Family History: (Blood Relatives)
Diabetes [] Blindness [] Heart Disease [] Glaucoma [] Cataracts [] Lazy Eye [] Crossed Eyes []
High Blood Pressure [] Poor Vision With Glasses [] Retinal Detachment [] Macular Degeneration []

Family Physician:_____ Address:_____

Are You Presently Taking Any Prescriptions, Drugs, or Medications?_____ Please List:_____

_____

List Any Allergies, or Any Allergic Reactions to Medications Which You Have:_____

_____

Who May We Thank For Referring You?_____

Your Signature_____

Reviewed / Updated
Date:_____
Initials:_____

Reviewed / Updated
Date:_____
Initials:_____

Reviewed / Updated
Date:_____
Initials:_____

Reviewed / Updated
Date:_____
Initials:_____

WELCOME TO FAMILY EYE CARE – THE OFFICE OF
DR. MICHAEL A. FREGGER

To insure the best possible experience at your appointment, please assist us by reviewing the following.

Please bring your current and any old glasses that you have to your appointment. Knowing what your current and previous prescriptions are will help Dr. Fregger obtain the optimal prescription for your vision. If you have any old glasses that you no longer wear or need, please consider dropping them off in the Lions Club collection box in our office.

If you wear contact lenses and are able to wear them, and you are not having any adverse reactions to wearing them, please have them on for a few hours prior to your appointment. Even if your appointment is for a contact lens exam, please also bring any current and old glasses with you to your appointment.

Dr. Fregger prefers to dilate eyes. If you have any sunglasses that you wear, please bring them into the office with you. Having them with you in our office, and not in your car, will make your walk from our office back to your car a lot more comfortable. If you do not have sunglasses, we will be happy to provide you with a disposable pair.

Prior to your appointment our staff will do their best to determine what vision plan or major medical insurance plan benefits you have. We need your help here. Please provide us with the proper information so that we may verify your eligibility prior to your appointment date and time. If we are not able to verify your plan particulars by the time of your appointment, you may be asked to pay for our services in full at the time of your appointment. We will then provide you with the proper receipt for you to file your claim. Please also bring all of your vision plan and major medical insurance plan ID cards. We will make copies of these cards to keep on file in your record. Any other plan paperwork that you might have could be very helpful to verify your benefit eligibility.

Our office strives to be on time as much as possible. We do not like to wait when we go to a doctor's office, and we do not like to make you wait either. If you arrive ten or more minutes late for your appointment, depending on our schedule, we might have to reschedule you so as not to make appointments after yours wait.

We all love kids, we really do; however youngsters left unattended or uncontrolled can be quite disruptive to our office environment. Our staff cannot take on the responsibility of baby sitting. Unless the appointment is for your child, please bring your own sitter who can control your child, or make alternate plans for your child while you are at our office. We really do appreciate this!

We invite you to visit our web site at: www.visionsource-drmichaelfregger.com We have done our best here to acquaint you with our office, staff, services and products.