

Today's Date _____

Patient Information

Name _____
 Address _____

 Parent/Guardian _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____
 Social Security # _____
 Employer (or School) _____
 Occupation (or Grade) _____
 Date of Birth _____ Age _____
 Sex Male Female
 Email Address _____
 Who may we thank for referring you to our office?
 Name of friend or relative: _____

Insurance Information

Vision Insurance _____
 Subscriber Name _____
 Subscriber SSN _____
 Subscriber Birth Date _____
 Medical Insurance _____
 Subscriber Name _____
 Subscriber SSN _____
 Subscriber Birth Date _____

* Please bring your insurance cards to the front desk.

Do you participate in a flex spending account?

Yes No

How will you settle your account today?

Cash Check Credit Card

I acknowledge that I received a copy of the Notice of Privacy Practices for Kister EyeCare.
 I request that payment of authorized insurance benefits for services provided on my behalf be made to Dr. B.J. Kister.
 I authorize any holder of medical information to release to my insurance company, and it's agents, any information needed to determine these benefits or the benefits payable for related services.
 I understand that my insurance will be submitted a claim for charges one time only as a courtesy to me, after that it will be my responsibility to file claims with my insurance company for charges incurred.
 I understand that I am responsible for charges for services not covered by my insurance. This may include retinal imaging and other ophthalmic items.

Lifestyle Questions

Do you.....(check box if your answer is yes)

- ...drive?
- ...have visual difficulty while driving?
- ...work at a computer?
- ...notice or become distracted by glare?
- ...prefer thinner, lighter lenses?
- ...prefer not to wear your glasses all the time?
- ...have interest in a "test drive" of the latest contact lens designs?
- ...spend time outdoors? How much? _____Hrs/week
- ...have prescription sun wear?
- ...want information on Laser Vision Correction surgery?
- ...have more than 1 pair of current Rx eyewear?

If you wear contact lenses, please answer the following:

Would you like to learn about bifocal contact lenses?
 Yes No

Would you prefer clear or colored contact lenses?
 Clear Colored

If there is a particular type of contact lens you are interested in, please list here: _____

Our Commitment Is To:

- Provide the highest quality of eye care and customer service.
- ✦
- Inspire confidence through patient education.
- ✦
- Promote visual excellence with a dedicated eye care team.

Patient/Guardian Signature _____

Date _____