

Returning Patient Update (Please Print and Fill Out Completely)

Patient Name: _____

UPDATE 1

1. What type of medical insurance do you have? _____
2. Primary care physician _____ Phone No. _____
3. DO you work on a computer? Yes No If Yes, how many hours per day? _____
4. Are you currently interested in contacts? Yes No Colored? Yes No
5. Are you interested in the Laser Surgery this year? Yes No Just want info? Yes No
6. Are you pregnant? Yes No Maybe Has Your Occupation Changed? Yes No If Yes, list _____
7. Since your last exam
 - A. Has there been a change in your health?

 - B. List Current Medications (Prescription or Non-Prescription Drugs):

 - C. Are you under the care of a Specialist? Yes No If Yes, Name of Specialist _____
8. Method of payment for todays services: Cash Check Credit Card

Signature: Patient <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/>	Date	Signature Doctor
Address: _____		Phone No. _____

UPDATE 2

1. What type of medical insurance do you have? _____
2. Primary care physician _____ Phone No. _____
3. DO you work on a computer? Yes No If Yes, how many hours per day? _____
4. Are you currently interested in contacts? Yes No Colored? Yes No
5. Are you interested in the Laser Surgery this year? Yes No Just want info? Yes No
6. Are you pregnant? Yes No Maybe Has Your Occupation Changed? Yes No If Yes, list _____
7. Since your last exam
 - A. Has there been a change in your health?

 - B. List Current Medications (Prescription or Non-Prescription Drugs):

 - C. Are you under the care of a Specialist? Yes No If Yes, Name of Specialist _____
8. Method of payment for todays services: Cash Check Credit Card

Signature: Patient <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/>	Date	Signature Doctor
Address: _____		Phone No. _____