SWELL VISION CENTER

PATIENT REGISTRATION FORM

PATIENT INFORMATION

Patient Name		Preferred name or nickname (if applicable)		
Street Address		City	State	Zip
Home Ph#	Cell#	Birth Date	Last 4 SSN	Parent/Guardian (if applicable)
Occupation	Employer			Work#
Email		How did you hear about us?		
Hobbies		Favorite musical artist/genre		

PATIENT MEDICAL HISTORY

Do you or a family member have problems with any of the following (please check all that apply):

	SELF	FAMILY	SPECIFY		SELF	FAMILY	SPECIFY
Blindness	☐	☐		Cardiovascular Dz	☐	☐	
Cataracts	☐	☐		Diabetes	☐	☐	
Macular Degeneration	☐	☐		Cancer	☐	☐	
Glaucoma	☐	☐		High Blood Pressure	☐	☐	
Retinal Detachment	☐	☐		Headaches	☐	☐	

List other Eye Conditions:

List other Medical Conditions:

Current Medications: _____

List medication allergies: _____

Reason for today's visit _____ Date of last eye exam _____ Dilated? ☐ Y / ☐ N

Check any that apply: ☐ Dry Eyes ☐ Blurred Vision ☐ Eye Strain ☐ Lazy Eye ☐ Flashes/Floaters ☐ Itchiness

List any other problems: _____

Any eye surgery or trauma? ☐ Y / ☐ N Type _____ ☐ Right ☐ Left Date _____

Do you wear glasses? ☐ Y / ☐ N Do you wear contacts? ☐ Y / ☐ N CL Brand _____

Approximate Age of Glasses? _____

OCULAR HEALTH EVALUATION

We believe checking your eye health is just as important as your vision! Many health problems such as glaucoma, cataracts, diabetes, and tumors can be detected even before the onset of symptoms or loss of vision. At Swell Vision Center, we provide 2 different options for you to choose from in order to assess your ocular health.

☐ 1) **Dilation**: A great way to open your pupils for the doctor to have a better view of the inside of your eyes.
Causes light sensitivity and blurry vision for about 4 hours. Included as part of your routine eye exam.

☐ 2) **Optos Retinal Imaging:** Don't like eye drops? Don't want blurry vision for 4 hours?
The Optos Daytona is a fast and educational way to evaluate the inside of your eyes. It also provides a permanent record for your file.
Additional $39 fee. Not covered by insurance.

If you are uncertain about which is the best option for you, no need to worry. Our doctor will go over these options in greater detail with you to help you select the best option for your eye health. However, if you choose not to be dilated or to receive the Optos Daytona Retinal Imaging, you agree not to hold Craig Scibal, O.D. or Swell Vision Center liable for any delay in diagnosis or treatment that may occur.

Signature: _____ **Date** _____

Refraction $	Co-Pay $	Photos $	CL Fit $

SWELL VISION CENTER

PRACTICE POLICIES

NOTICE OF PRIVACY PRACTICES

This form is posted in the office and we will gladly provide you with a copy of this notice if you would like to keep one for your personal records. This notice describes how your personal health record information may be used or disclosed and how you may gain access to this information. Examples of uses of your health record information include patient recall, prescription verification or request, and for co-management with another health professional. Signing below indicates that you have been made aware of our privacy practices.

FINANCIAL ARRANGEMENTS

KNOWING YOUR INSURANCE:

- Please be advised that if you are using insurance coverage for today's visit, this is a contract between you and your insurance company, not Swell Vision Center. All co-pays and non-covered services are due at the time of the appointment. All benefits quoted are not a guarantee of payment by your insurance company and final determination can only be made when the claim is processed. If your insurance company has not reimbursed our office in full within 90 days, you will be responsible for payment of any remaining fees owed.

GLASSES RECHECK AND REMAKE POLICY:

- We offer prescription rechecks one time at no cost within 90 days of the date on which the prescription was determined. After 90 days, a fee will be incurred. Rechecks will not be performed after 6 months from the original exam date and a new exam will be required.

- As our commitment to you, we will adjust your glasses purchased from us at no charge for as long as you own them. Most frames are covered under warranty for manufacturing defects for one year.
  Your glasses are a custom product, in which the lenses are designed by a lab specifically for your prescription and frame of choice. Therefore, they cannot be reused and no refunds will be given. If you are unhappy with your glasses for any reason, please bring them back to us so we may change them to meet your expectations. We offer a one time remake at no charge within 90 days from service date.

CONTACT LENS EVALUATION POLICY:

- Contact Lens evaluations must be performed within 60 days of the routine health evaluation. A new full exam is required after the 60 day period. All contact lens evaluations include unlimited follow ups for 60 days. Any issues with the contact lenses must be brought to our attention within the 60 days. Following 60 days, an office visit charge will be incurred.

Thank you for choosing us for your eye care needs. We are delighted to have you as a patient and appreciate the confidence you have placed in us. If you have any questions about this form, please do not hesitate to ask.

Signature: _____ **Date** _____