Welcome to Our Office!

Thank you for choosing Heartland Eye Care, P.C. for your eye care needs.

Please take a few minutes to answer the following questions.

Patient Information

Name _____ _____ _____ _____
Last First Middle In. Gender

Address _____ _____ _____ _____
Mailing/Street City State Zip

Date of Birth _____ /____ / _____ Email _____ SSN# _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Occupation _____

Primary Insurance Information

Family Physician _____

Medicare # _____ Medical Assistance # _____

Medical Insurance _____ Policy # _____

Vision Insurance _____ Policy#_____

Person Responsible for Account _____ Relationship to patient _____

Insured SSN# _____ Insured's Date of Birth _____ / _____ / _____

INSURANCE SIGNATURE ON FILE: I certify that the information given to me in applying for insurance payment is true and correct. I authorize my doctor to act as my agent in helping me obtain payment of my insurance benefits, and I authorize payment of these benefits directly to Heartland Eye Care on my behalf for any services and materials furnished. I authorize any holder of medical information about me to release any information needed to determine these benefits payable to related services.

I authorize that my Glasses and or Contact Lens prescription will be digitally available to me through my Personal Health Records portal.

I also acknowledge that I have been informed of Heartland Eye Care's notice of privacy practices.

_____ _____
Signature Date

Please fill out the back side.

Personal Medical History

Arthritis (Osteo/ Rheumatoid)	High Blood Pressure	Thyroid Dysfunction
Asthma / COPD	Depression / Anxiety	Elevated Cholesterol
Cancer	Parkinson's	Acid Reflux / GI Issues
Diabetes	Pregnant	Eye Disease _____
Headaches/ Migraine	Sinus Issues	Other _____
Heart Disease	Stroke	

Current Medications (Prescription & Over the Counter)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies

_____	_____	_____
_____	_____	_____
_____	_____	_____