Medical History Questionnaire

Name: _____ Today's Date: _____ / _____ / _____

Address: _____ Phone: _____

City: _____ Zip: _____ Work Phone: _____

Guardian (If Applicable): _____ Occupation: _____

Birth Date: _____ / _____ / _____ Social Security #: _____ / _____ / _____ Last Eye Exam: _____ / _____ / _____

Name of Medical Doctor: _____ Dr.'s Phone: _____

Last Medical Exam: _____ / _____ / _____

Medical History

Do you have any allergies to medications? ☐ no ☐ yes If yes, explain: _____

_____

List any medications you take (including oral contraceptives, aspirin, over the counter medications and home remedies):

_____

_____

_____

List all major injuries, surgeries and/or hospitalizations you have had: _____

_____

List any of the following that you have had: crossed eyes, lazy eye, drooping eyelid, prominent eyes, glaucoma, retinal disease, cataracts, eye infections or eye injury: _____

Are you pregnant and/or nursing? ☐ no ☐ yes

Do you wear glasses? ☐ no ☐ yes If yes, how old is your present pair of lenses? _____

Do you wear contact lenses? ☐ no ☐ yes If yes, how old is your present pair of lenses? _____

Type of contact lenses: ☐ Rigid ☐ Soft ☐ Extended Wear ☐ Other Are they comfortable? ☐ yes ☐ no

Family History

Please note any family history (parents, grandparents, siblings, children; living or deceased) for the following conditions:

DISEASE/CONDITION	NO	YES	?	RELATIONSHIP TO YOU
Blindness	☐	☐	☐	
Cataract	☐	☐	☐	
Crossed Eyes	☐	☐	☐	
Glaucoma	☐	☐	☐	
Macular Degeneration	☐	☐	☐	
Retinal Detachment/Disease	☐	☐	☐	
Arthritis	☐	☐	☐	
Cancer	☐	☐	☐	
Diabetes	☐	☐	☐	
Heart Disease	☐	☐	☐	
High Blood Pressure	☐	☐	☐	
Kidney Disease	☐	☐	☐	
Lupus	☐	☐	☐	
Thyroid Disease	☐	☐	☐	
Other _____	☐	☐	☐	

** Please turn this form over and complete side two **

Social History

This information is kept strictly confidential. However, you may discuss this portion directly with the doctor if you prefer.

☐ Yes, I would prefer to discuss my Social History information directly with my doctor. (Check box)

Do you drive? ☐ no ☐ yes If yes, do you have visual difficulty when driving? ☐ no ☐ yes If yes, please describe:

_____

Do you use tobacco products? ☐ no ☐ yes If yes, type/amount/how long: _____

Do you drink alcohol? ☐ no ☐ yes If yes, type/amount/how long: _____

Do you use illegal drugs? ☐ no ☐ yes If yes, type/amount/how long: _____

Have you ever been exposed to or infected with: ☐ Gonorrhea ☐ Hepatitis ☐ HIV ☐ Syphilis

Review of Systems

Do you currently, or have you ever had any problems in the following areas:

SYSTEM	NO	YES	?
CONSTITUTIONAL			
Fever, Weight Loss/Gain	☐	☐	☐
INTEGUMENTARY (Skin)	☐	☐	☐
NEUROLOGICAL			
Headaches	☐	☐	☐
Migraines	☐	☐	☐
Seizures	☐	☐	☐
EYES			
Loss of Vision	☐	☐	☐
Blurred Vision	☐	☐	☐
Distorted Vision/Halos	☐	☐	☐
Loss of Side Vision	☐	☐	☐
Double Vision	☐	☐	☐
Dryness	☐	☐	☐
Mucous Discharge	☐	☐	☐
Redness	☐	☐	☐
Sandy or Gritty Feeling	☐	☐	☐
Itching	☐	☐	☐
Burning	☐	☐	☐
Foreign Body Sensation	☐	☐	☐
Excess Tearing/Watering	☐	☐	☐
Glare/Light Sensitivity	☐	☐	☐
Eye Pain or Soreness	☐	☐	☐
Chronic Infection of Eye or Lid	☐	☐	☐
Sties or Chalazion	☐	☐	☐
Flashes/Floaters in Vision	☐	☐	☐
Tired Eyes	☐	☐	☐
ENDOCRINE			
Thyroid/Other Glands	☐	☐	☐

	NO	YES	?
EARS, NOSE, MOUTH, THROAT			
Allergies/Hay Fever	☐	☐	☐
Sinus Congestion	☐	☐	☐
Runny Nose	☐	☐	☐
Post-Nasal Drip	☐	☐	☐
Chronic Cough	☐	☐	☐
Dry Throat/Mouth	☐	☐	☐
RESPIRATORY			
Asthma	☐	☐	☐
Chronic Bronchitis	☐	☐	☐
Emphysema	☐	☐	☐
VASCULAR / CARDIOVASCULAR			
Diabetes	☐	☐	☐
Heart Pain	☐	☐	☐
High Blood Pressure	☐	☐	☐
Vascular Disease	☐	☐	☐
GASTROINTESTINAL			
Diarrhea	☐	☐	☐
Constipation	☐	☐	☐
GENITOURINARY			
Genitals/Kidney/Bladder	☐	☐	☐
BONES / JOINTS / MUSCLES			
Rheumatoid Arthritis	☐	☐	☐
Muscle Pain	☐	☐	☐
Joint Pain	☐	☐	☐
LYMPHATIC / HEMATOLOGIC			
Anemia	☐	☐	☐
Bleeding Problems	☐	☐	☐
ALLERGIC / IMMUNOLOGIC	☐	☐	☐
PSYCHIATRIC	☐	☐	☐

If you answered YES to any of the above or have a condition not listed, please explain & list medications:

_____

_____

_____

_____

_____

_____ _____

Doctor's Signature Date

Request to receive communication by alternative means or locations (such as leaving messages at work instead of at home)

File a complaint to the following if you believe your privacy rights were violated:

Manatee Family Eyecare's Privacy Officer: Jacqueline Bloome

The Secretary of the Department of Health and Human Services:
Kathleen Sebelius
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202)619-0257
Toll Free: 1-877-696-6775
E-mail: HHS.Mail@hhs.gov

Receive a copy of Manatee Family Eyecare's privacy practices.

Manatee Family Eyecare is Committed to Protecting Your Privacy

The health information professionals at Manatee Family Eyecare have been trained to manage many of the systems required by HIPAA. Professionally, we are bound by a code of ethics to promote and protect the confidentiality and security of your medical records and health information. Our goal is to have patients' trust that their medical records and confidential information will remain private. Our health information professionals are committed to maintaining privacy and quality of care.

Manatee Family Eyecare's, P.A. Privacy Policy

Protecting the Confidentiality of Our Patients' Personal Medical Information

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ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I received a copy of Manatee Family Eyecare's Privacy Policy Notice.

Patient name (Print): _____

Signature _____ **Date** _____

Manatee Family Eyecare, P.A. Privacy Protection:

Our Commitment to You

At Manatee Family Eyecare, we recognize the sensitive nature of your personal health information, and take every precaution to protect your privacy. When you entrust us with this information, you can be certain it will be used only within our strict guidelines.

We've prepared this notice to explain what types of information we collect, and under what circumstances we may share it.

We hope you will read through all the details of Manatee Family Eyecare's official position on privacy. Importantly, we want you to understand that Manatee Family Eyecare uses information responsibly and in order to:

- Provide you with the healthcare services you've requested.
- File your healthcare claim with your insurance company.
- Make your appointment at Manatee Family Eyecare more convenient and efficient for you.

In no case do we provide account or personal health information to any other companies for the purpose of independent telemarketing or direct mail marketing of any types of products or services.

The Kinds of Information We Collect

When you register at Manatee Family Eyecare, we ask you to provide us with information in order to accurately file your insurance claim. The following information is requested:

- Name and address
- Telephone number, home and work
- Social Security number
- Sex and Race
- Birthdate
- Marital Status
- Guarantor demographic information
- Insurance carrier name and address
- Insurance ID and group number
- Scheduled procedure
- Patient's medical and physical history
- Picture Identification

How We Use This Information

Most of the information we collect is used for only one purpose – to help us deliver the healthcare services you've requested, accurately and efficiently.

Who Has Access to This Information?

Within Manatee Family Eyecare:

Manatee Family Eyecare employees are permitted access to the information they need to perform their jobs on your behalf. We maintain strict internal policies against unauthorized disclosure or use of personal health information by employees.

Outside service providers:

We have arrangements with companies whose experience is essential for our own services to operate properly. For example, we work with companies that perform surgical, pathology, laboratory, pharmacy, management, and medical transcription services. Other companies prepare our financial statements, enable online claims submission, and make banking transactions. These firms perform their functions at Manatee Family Eyecare's directions and, as permitted by law, we share patient information necessary to perform these functions with them. As with all our business partners, these companies are required to safeguard your information and use it only for authorized purposes.

Courts and government bodies:

Certain federal and state laws may require us to share information about you. For example, if you are involved in a legal matter with a third party, we may be ordered to provide information to a court or other party. In these circumstances, only the specific information required by law, subpoena, or court order will be shared.

New Patient Rights are on the Way

For the first time ever, the federal government passed comprehensive privacy regulations for health information. This new federal regulation establishes standards for most healthcare providers and payers in the protection of health information and established new patient rights.

The new privacy regulations are part of the Health Insurance Portability and Accountability Act (HIPAA) passed by Congress in 1996. The privacy rules became effective in April 2001, and gave healthcare providers two years to comply.

At Manatee Family Eyecare, we have always protected our patients' privacy and the new rule amounts to informing our patients about the HIPAA regulations.

What Rights Do Patients Have?

Patients at Manatee Family Eyecare have the right to:

Access or inspect their medical record

Obtain a copy of their medical record

Access and copying for as long as information is retained (seven years for adults and seven years after minors become adults)

Request an amendment to their medical record

Request a list of when and where their confidential information was released within the past six years (may not include information released for care and treatment purposes, for payment, or when used for internal quality assurance purposes)

Request an organization to restrict the use and disclosure of their confidential information (can request restriction in use of information for treatment, payment, or healthcare operation purposes, however, we can choose if we will honor the request)