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Welcome to Our Office

So that we can help you best, please fill out both pages legibly and completely. Thank You!

Mr./Mrs./Ms./Mstr/Miss/Dr. Last Name _____		First Name _____		Today's date _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed					
Name you go by (if different) _____		Approximate date of last eye exam _____			
Home address _____		Date of birth _____		Sex: M F	
City _____ State _____ Zip _____		Social Security #/School ID# _____			
Home phone (_____) _____		Employer (or School) _____			
Work phone (_____) _____		Occupation (or Grade) _____			
Cell phone (_____) _____		Emergency contact name _____			
E-mail address _____		Emergency contact phone (_____) _____			

Name of Family Members at Home	Relationship	Age	Current Patient of Ours?
			Y N
			Y N
			Y N

Medical Insurance _____ How will you settle your account today?

Do you participate in a flexible spending account? Y N Debit Card Cash Credit Card

Are you a member of an eye care plan? Y N (if yes, circle your plan below and sign to authorize benefits)

Vision Service Plan (VSP) Medical Eye Services (MES) EyeMed Other _____

If patient is not the member, please provide the following member information: Name _____

Date of birth _____ Social Security number _____

I authorize the payment of any eye care benefits indicated above to my Doctor of Optometry. I understand that I may have co-payments and overages (costs not paid for by the eye care plan), and I am ultimately responsible for all fees incurred.

Patient or Responsible Party's Signature: _____ Date _____

Personal Medical History				Do you take any prescription or non-prescription medications regularly?	
	Y	N		Y	N
Allergies	Y	N	Eye Disease	Y	N
Asthma	Y	N	Eye Surgery	Y	N
Arthritis	Y	N	Eye Injury	Y	N
Cancer	Y	N	Heart Disease	Y	N
Diabetes	Y	N	High Blood Pressure	Y	N

Substance Use

Do you use: Alcohol Cigarettes/Tobacco

Other, please list.

Please complete the second page...

Welcome to Our Office, continued

Family Medical History			
Blindness or Visual Disability	Y	N	Unsure
Cataracts	Y	N	Unsure
Diabetes	Y	N	Unsure
Glaucoma	Y	N	Unsure
High Blood Pressure	Y	N	Unsure
Macular Degeneration	Y	N	Unsure
Other Disease (please specify) _____			

How did you <i>first</i> hear about our office?
<input type="checkbox"/> Family, friend, or co-worker. Who? _____
<input type="checkbox"/> Doctor Referral. Who? _____
<input type="checkbox"/> Eye care plan directory.
<input type="checkbox"/> Yellow pages. Which directory? _____
<input type="checkbox"/> Internet. Which website? _____
<input type="checkbox"/> Other. Please specify. _____
Are you interested in being notified through text for future appointments? Yes/ No

Eye Care for Your Lifestyle			
Do you desire glasses that are thinner, lighter, and more comfortable?	Y	N	
Do you spend much time outdoors?	Y	N	
Do you spend much time working on a computer?	Y	N	
Are your eyes very sensitive to bright lights?	Y	N	
Are you bothered by glare and reflections, especially at night?	Y	N	
Are you interested in wearing the most advanced contact lenses?	Y	N	
Would you like to change your eye color?	Y	N	
Are there times you would rather not wear glasses or contact lenses?	Y	N	
Do you suffer from dry eyes?	Y	N	
If you wear prescription glasses, do you have only one pair?	Y	N	N/A
If you wear bifocal glasses, does the line bother you?	Y	N	N/A
If you wear bifocal or progressive glasses, do you ever wish you could wear contacts?	Y	N	N/A
Are you planning on getting new glasses today?	Y	N	Only if there is a change.

So that we can get to know you better . . . What hobbies, sports, or other activities do you enjoy?

I acknowledge that I have received a copy of Dr. Justin T. Abo & Dr. Lauren A. Abo's <i>Notice of Privacy Practices</i> , available from our office receptionist. You can also review it on our website, www.visionsource-summit.com .	
Patient name _____	Today's Date _____
Signature of patient (or parent/guardian for minors) _____	

Thank You!