Perlmutter Eye Center

35 Hackett Blvd Ste 236 Albany, NY 12208

P: 518-427-9111 **F**: 518-449-7210

Please complete the following questionnaire so that we may have an accurate record for our files **(PLEASE PRINT)**

CONTACT INFORMATION

NAME: DOB: AGE:

ADDRESS (STREET):

CITY: STATE: ZIP CODE:

HOME PHONE: WORK PHONE: CELL PHONE:

PRIMARY CARE DOCTOR: REFERRING DOCTOR:

INSURANCE INFORMATION

MEDICARE # MEDICAID # SOCIAL SECURITY #

PRIMARY INSURANCE: INSURANCE ID # GROUP #

ADDITIONAL INSURANCE(S):

MEDICAL HISTORY

MEDICATION ALLERGIES:

CURRENT MEDICATIONS (NAME, DOSAGE, FREQUENCY):

HAVE YOU EVER TAKEN FLOMAX (TAMSULOSIN)? ARE YOU ON ANY BLOOD THINNERS?

PLEASE LIST ALL MEDICAL CONDITIONS PAST AND PRESENT:

DO YOU WEAR PRESCRIPTION GLASSES OR CONTACTS? DO YOU HAVE DIFFICULTY WITH YOUR HEARING?

FAMILY HISTORY OF EYE DISEASES (PLEASE CIRCLE IF APPLICABLE)

GLAUCOMA CATARACTS MACULAR DEGENERATION

RETINAL DISEASE OTHER

FOR WORKERS COMPENSTATION CLAIMS ONLY, PLEASE LIST:

DATE OF INJURY EMPLOYER NAME, ADDRESS, PHONE NUMBER, AND INSURANCE CARRIER