FamilyEyecare

New Patient Intake

4645 Casey Blvd, Suite 130, Williamsburg, VA 23188 - (757) 229-6601

Already completed our online intake form? You're all set — please skip this one.

Patient information

Name

DOB

Address

City

State Zip

Cell #

Alt #

Email

Person responsible for this account

Vision plan

(Davis, Superior, VSP, etc.)

Plan/Co.

Policy holder

ID#

DOB

Relationship to patient

Medical insurance

(Anthem BCBS, Medicare, UHC, etc.)

Plan/Co.

Policy holder

ID#

DOB

Relationship to patient

Additional insurance

Plan/Co.

Policy holder

ID#

DOB

Relationship to patient

When was your last eye exam?

Where were you seen?

What are your reasons for today's visit?

- ☐ Glasses Rx
- ☐ Contact Lens Rx
- ☐ Allergies
- ☐ Watering
- ☐ Floating spots
- ☐ Eye pain
- ☐ Headaches
- ☐ Eye strain
- ☐ Redness
- ☐ Dry eyes
- ☐ Flashes of light
- ☐ Doctor referral

Other:

Do you have, or have you ever had:

- ☐ Cataracts
- ☐ Eye surgery
- ☐ Eye injury
- ☐ Diabetes
- ☐ High or Low Thyroid
- ☐ Glaucoma
- ☐ Macular degen.
- ☐ Cancer
- ☐ High blood press.

Other conditions:

Has anyone in your family had:

- ☐ Macular degen.
- ☐ Glaucoma
- ☐ Diabetes

Other:

Medications you currently take

Allergies to medications? Other allergies?

Occupation

Hobbies/interests

To the best of my knowledge, the above information is complete and correct. I understand it is my responsibility to inform my doctor if I, or my minor child, ever have a change in health.

I hereby assign to Family Eyecare all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize use of my signature on all insurance submissions.

Signature

Date

You may type into this form on your computer, then print it and bring it to your appointment. Please do not email completed forms.

FamilyEyecare
Dr. David Barley & Associates
Optometrists, PC

Family Eyecare is pleased to provide the very latest medical technology to our patients.

Digital Retinal Imaging is an important tool for detecting early eye disease.

This technology allows your doctor to view detailed pictures of the important anatomy inside your eyes. These images provide a valuable reference for monitoring your eye health and for detecting eye disease at the earliest stages.

This retinal exam takes only a few moments and does not require eyedrops. For some patients, it may reduce the need for dilation. Dr. Barley may recommend further testing, if needed.

The fee for this additional testing is $35. This test is not covered by insurance.

Please indicate your preference:

☐ **YES.** I would like to have the Digital Retinal Imaging.

☐ **NO.** I decline this test. I understand that there will not be a photographic record of my current internal eye health.

Signature _____ Date _____