First Name	MI	Last Name	Birthdate
Street Address	City	State	Zip Code	Male/Female
Home Phone Number	Preferred Number To Call	Email
Name of Emergency Contact	Relation	Phone Number
ID #1	ID#2
Name of Insurance	Name of Insurance

Please indicate if you or your blood relatives have any of these conditions that may affect the eyes

Eye Problems	Self	Family	**Neurologic Problems**	Self	Family	**Constitutional Problems**	Self	Family
__ Glaucoma			__ Multiple Sclerosis			__ Cancer		
__ Retinal Detachment			__ Myasthenia Gravis			__ General Illness		
__ Macular Degeneration			__ Other			__ Other		
__ Other			**Musculoskeletal Problems**			**Integument (Skin)Problems**		
Endocrine Problems			__ Arthritis			__ Eczema		
__ Diabetes			__ Lupus			__ Other		
__ Thyroid Disease			__ Other			**GastroIntestinal Problems**		
__ Other			**Respiratory Problems**			__ Chrohn's Disease		
Cardiovascular Problems			__ Asthma			__ Ulcers		
__ Heart Disease			__ Sleep Apnea			__ Other		
__ High Blood Pressure			__ Other			__ **Psychiatric Disorders**		
__ Other			___ **Allergy/Immunology Problems**			__ **Genito-Urinary Problems**		

Please list conditions not covered above affecting you (include pregnancy, nursing, prior trauma or surgeries)

Please list medications and eyedrops that you use (include over the counter medicines)

Social Information (Please mark if these apply to you) ___ Smoke ___Use Alcohol ___Use Recreational Drugs

Height **Weight**

Financial responsibility and assignment of insurance benefits:

I guarantee payment to Parkside Optometry of all charges for services provided to the patient. I understand that I am personally responsible for all charges not covered by insurance, and I authorize payment of medical benefits to Parkside Optometry for services rendered. If covered by Medicare or Medi-Cal. I certify that the information provided by me in applying for payment under Titles V, XVIII and/or XIX of the Social Security Act is correct.

Acknowledgment of receipt of notice of privacy practices: I have received a copy of Parkside Optometry's Notice of Privacy Practices. I am aware that the Notice may be changed at any time. I may obtain a copy of the Notice at 1880 S. Norfolk St, San Mateo, CA 94403

Signature: **Date:**