



Sonoma Eyeworks Optometry

534 Larkfield Center Santa Rosa, CA 95403

Phone: 707-578-4200 Fax: 707-578-5622

Patient Name		Salutation		Mr.	Gender
Address				ID#	
Birthdate		Age:	Occupation:	Employer:	
Single Married Domestic Partner Significant Other Name:		Account Responsible, if Patient is a Child: Address		Name- Phone(s)	
We contact patients by email or text messages for appointment reminders and office information.					
Home:	(Cell:	Email:		
(Please circle your preferred contact method):			Email	Text	Cell
Vision Insurance ? Y / N		Insured Name:		Insurance ID #	
Medical Insurance ? Y / N		Company:			
Emergency Contact:		Relationship:		Phone:	
How did you hear about our office?					
GENERAL INFORMATION			To help us provide you with the best vision, please check any of the activities that apply to your lifestyle in work or pleasure.		
Do you wear glasses? Y / N			Computer/iPads___		
How many years?			Driving___		
Are your glasses for distance? Y / N			Food/Wine___		
Are your glasses for reading? Y / N			Reading___		
Do you wear contact lenses? Y / N			Television___		
What type: Soft / Hard / Daily / Disposable / Bifocal			Accounting___		
Colored / Extended Wear			Games___		
Do you work on a computer? Y / N			Drafting___		
How many hours daily?			Flying___		
			Gardening___		
			Golf___		
			Machine Operator___		
			Needlework___		
			Motorcycle Riding___		
			Studying___		
			Water Sports___		
			Other:		
MEDICAL INFORMATION (Please complete all that apply.)					
How is your general health?					
Current Medications:					
Medication Allergies:					
Smoking: YES NO FORMER SMOKER			YOUR MEDICAL HISTORY		
FAMILY MEDICAL HISTORY		Relationship	Diabetes Y / N Type & Diagnosis Date		
Blindness	Y / N		Allergies Y / N To What?		
Diabetes	Y / N		Medication Allergy Y / N What Meds?		
Glaucoma	Y / N		Any Eye Surgeries? Y / N What type?		
Macular Degeneration	Y / N		Glaucoma Y / N Dry Eyes Y / N		
Lazy Eye	Y / N		High Blood Pressure Y / N Pregnant Y / N		
Cataracts	Y / N		Headaches Y / N Nursing Y / N		
Other Eye Disease?	Y / N		Cataracts Y / N Lazy Eye Y / N		
What Kind?			High Cholesterol Y / N Other Health Problems?		

Notice of Privacy

All patients are entitled to privacy. The Optometrists and staff of Sonoma Eyeworks have always respected the privacy and dignity of our patients. On April 15th, 2003, all health care organizations were mandated by the federal government to document their commitment to maintaining patients' privacy. As mandated, we will continue to protect your privacy. As part of our privacy policy, we will need your personal signature before the release of any documents concerning your health care. You have the right to review your medical records on request. If you wish to have your records copied, we will need to have your signature on file. If you feel your privacy has not been adequately protected, please speak with our office manager or either of the doctors. Our staff is trained in the necessary procedures and policies. We take your concerns seriously.

Signature: _____ Date: _____

Relationship to Patient (if other than patient) _____

Authorization for Examination and Treatment and Insurance Assignment of Benefits

I authorize the release of any medical information for the purpose of processing insurance claims on my behalf. I authorize payments of vision benefits directly to the doctor for services provided to me, the amount due on the claim for services to me or my dependents. I further agree that should the amount be insufficient to cover the entire expenses; I will be responsible for payment of the difference. Should the office visit not be covered by the policy, **I will be financially responsible to pay the provider the amount due.**

Signature: _____ Date: _____

Relationship to Patient (if other than patient) _____

Optomap Retinal Examination

What is it?

Sonoma Eyeworks is proud to offer the newest technology in **retinal imaging**. The **Optomap** takes a high-resolution, digital photograph of your retina, which is kept for your medical record. In most cases, it will replace the need for routine dilation. It's easy (takes about one minute) It's safe. It's interactive. Nothing touches your eye. It is a simple flash of light with no x-ray or damaging radiation. Dr. Harmon and Dr. Ricks will show you what your retinal photos and explain any health conditions.

Why do Dr. Harmon and Dr. Ricks Recommend the Optomap?

"Most people feel that if you see well then your eyes must be healthy. The truth is that most visual conditions may not create symptoms for years after they can be detected with an Optomap. Regular mapping ensures that we won't miss any changes in your eye health."

How much does it cost? The Optomap is only \$39.00 and is not covered by insurance. *Please **initial** your preference.*
 YES, I want the retinal images taken. **NO**, I decline retinal images And do NOT wish to be dilated.
 I prefer Dilation, if necessary. I want to **Discuss with Doctor**

Patient Signature: _____ Date: _____

Contact Lens Evaluation and Services

Contact lens evaluations and fitting have separate fees from the glasses and eye health examination.

The doctor will determine the fees and the required follow up appointments. This may include training, as necessary.

Additional appointments that exceed the standard follow-ups or fall outside a 90-day window from the examination, will be charged based on time spent with the doctor.

Patient Signature: _____ Date: _____