



Tell Us About Yourself

PLEASE PRINT

Date: _____ / _____ / _____ Birthdate: _____ / _____ / _____ Age: _____ M / F
M D Y

Name: _____
(Last) (First) (MI)

Address: _____

City, State, Zip Code: _____

Phone Home: (____) _____ Office: (____) _____

Cell: (____) _____ Email: _____

How would you prefer we contact you? _____

Occupation: _____ Employer: _____

Medical/Vision Insurance: _____ Medical ID # _____

Who is your current eye doctor? _____ Last Eye Exam (mo/yr): ____ / ____

Location: _____

How did you hear about Dr. Furlong? _____

Name of person who referred you: _____

To better understand your vision needs, please answer all questions (or N/A)

Please indicate the reason for today's visit. (Check all that apply):

- Cataract Evaluation Glaucoma Evaluation Medical Eye Evaluation Referral From My Doctor

Cataract Patients Only

How long ago were you informed that you had cataracts? _____

What activities are particularly difficult now? (reading, computer work, driving, hobbies, etc.) _____

Do you have a timeframe for when you would like surgery? _____

If yes, when? _____

What concerns do you have about cataract surgery? _____

All Patients

Anything else we should know? _____

I have been informed of the Privacy Practices and Patient Bill of Rights and have received a copy.	
Patient Name (please print)	
Signature of Patient or Personal Representative	Date
If Personal Representative signs, please describe relationship: _____	

Spouse/Friend: _____