



# Associated Eye Surgeons

Plymouth - 508-747-4748 • Sandwich - 508-888-8873

Patient Information  
**REQUEST**

Your appointment is scheduled for \_\_\_\_\_, at \_\_\_\_\_

with **Dr. Henry J. Kriegstein, MD / Dr. Lois M. Townshend, MD / Kristin S. Kenney, OD** at Plymouth / Sandwich Office

**PLEASE HELP US BEGIN CARING FOR YOUR EYES BY PROVIDING THE FOLLOWING INFORMATION**

**PATIENT INFORMATION:**

NAME (Miss, Mrs., Ms., Mr.) \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ADDRESS (Street) \_\_\_\_\_ P.O. Box \_\_\_\_\_

(Town) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Telephone # (w/area code) \_\_\_\_\_ Cell phone # (w/area code) \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Telephone # (w/area code) \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Tel. # (w/ area code) \_\_\_\_\_

Patient's Primary Care Physician \_\_\_\_\_

Address \_\_\_\_\_ Telephone # (w/area code) \_\_\_\_\_

Pharmacy \_\_\_\_\_

**INSURANCE INFORMATION:**

Health Insurance Co. \_\_\_\_\_

Policy # \_\_\_\_\_

Subscriber Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Subscriber Relationship to Patient \_\_\_\_\_

**PAYMENT IS EXPECTED AT THE TIME OF YOUR VISIT UNLESS WE ARE BILLING YOUR INSURANCE COMPANY. IF YOUR PLAN HAS COPAYMENT, THEN COPAYMENT IS DUE AT TIME OF VISIT.**

We will gladly bill your insurance company. However, it is impossible for us to know in advance whether your visit will be covered. Please check your policy as you are responsible for copayments and non-covered services at the time of service.

**How were you referred to our practice?**  Doctor (Name) \_\_\_\_\_

Friend \_\_\_\_\_  Internet  Other \_\_\_\_\_

**EYE HISTORY:**

1. What is your chief reason for seeking an eye examination at this time? \_\_\_\_\_

2. Have you had previous eye surgery or any serious eye problems? \_\_\_\_\_

3. List any eye medications and frequency of use \_\_\_\_\_

4. Do you have any family history of glaucoma, cataracts, diabetes, retina problems or blindness? (List relationship) \_\_\_\_\_

5. List any serious illness or major operations with dates: \_\_\_\_\_

