Welcome to Tharp Family Eye Care

Date_____

Last name_____First name_____MI_____
Name you prefer to be called _____
Age_____Date of Birth_____/_____/_____ Sex M / F Race_____
Address_____City_____State_____Zip_____
Home Phone_____Cell Phone_____Work Phone_____
Email_____May we text or email you? Yes No
Occupation_____Employer_____
Contact in case of emergency Name _____ Phone_____
Whom may we thank for referring you? _____

Yes No Do you have any medical problems?
Yes No Do you take any medications?
Yes No Are you allergic to any medications?
Yes No Have you ever had any eye diseases, eye injuries, or eye surgeries?
Yes No Have you ever had any surgeries?
Yes No Do you have a family history of any eye disease?
Yes No Do you smoke?
Yes No Do you currently wear contact lenses?
Yes No Are you interested in contact lenses?
Yes No Do you have any medical insurance?
Yes No Do you have any vision insurance?

Females: Are you pregnant? Yes No Are you nursing? Yes No

Dilating the pupils with eye drops is recommended for most patients every one to two years. Pupil dilation helps the doctor perform a more thorough eye health exam and can provide for earlier diagnosis of some vision or life threatening conditions. It is advisable to use caution for about 4 hours due to side effects that include light sensitivity, blurred vision, and poor depth perception. This service is in addition to the eye examination and is an additional $20.

Yes No I want to have my eyes dilated today.

Payment is due when services are rendered. What form of payment will you be using today?
cash check credit card debit card

I have read/received a copy of Notice of Privacy Practice.
Signature of patient or responsible party _____Date_____

We appreciate you. Thank you for trusting us with your eye care needs.