

# Patient Demographics

Account Number:

Today's Balance: \$ \_\_\_\_\_

Past Due Balance: \$ \_\_\_\_\_

Total Due Today: \$ \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Previous Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Gender: \_\_\_\_\_

## Preferred Phone

☐ Home \_\_\_\_\_ ☐ Cell: \_\_\_\_\_ ☐ Work: \_\_\_\_\_

## Additional Info

### Marital Status:

- ☐ Married
- ☐ Single
- ☐ Domestic Partner
- ☐ Widowed
- ☐ Divorced

### Language:

- ☐ English
- ☐ Spanish
- ☐ Arabic
- ☐ Mandarin
- ☐ Other

### Race:

- ☐ Alaska Native
- ☐ Asian
- ☐ Black / African American
- ☐ Native Hawaiian / Pacific Islander
- ☐ Decline

### Ethnicity:

- ☐ American Indian
- ☐ White / Caucasian
- ☐ Decline

- ☐ Hispanic / Latino
- ☐ Not Hispanic / Latino

## Doctor Information

Referring Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Care Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

## Contacts

**Authorized Contact:** In order to share any legally protected information about your healthcare, appointments, or medical data with anyone other than yourself, please provide their name, phone number, and relationship to you below:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize Midwest Vision Partners to release health information identifying me to the person(s) listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Dilation Consent

### INFORMATION REGARDING DILATING EYE DROP

Dilating drops are used to dilate or enlarge the pupils of the eye to allow the ophthalmologist to get a better view of the inside of your eye.

Dilating drops frequently blur vision for a length of time which varies from person to person and may make bright lights bothersome. It is not possible for your ophthalmologist to predict how much your vision will be affected. Because driving may be difficult immediately after an examination, it's best if you make arrangements not to drive yourself.

Adverse reaction, such as acute angle-closure glaucoma, may be triggered from the dilating drops. This is extremely rare and treatable with immediate medical attention.

I hereby authorize my doctor and/or such assistants as may be designated by him/her to administer dilating eye drops. The eye drops are necessary to diagnose and treat my condition. I understand that, with rare exception, dilation is done on every visit at Retina Consultants of Michigan.

\_\_\_\_\_  
Patient (or person authorized to sign for patient)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## Acknowledgement of Notification of Patient's Rights to Privacy

I acknowledge that I have been notified of Midwest Vision Partners' Notification of Patient's Rights to Privacy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_