

Welcome to Our Office

Benton Britt, O.D.

805 S. Broadway, Suite 101

Boulder, CO 80305

303-494-4449

Appointment Date _____

Patient's Name (please print) _____

Prefer to be called _____ Birth Date _____ M or F

Parent or Guardian (if child) _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

E-mail Address _____

Employer _____ Occupation _____

Health Insurance Carrier _____

How did you hear about our office?

Insurance List _____

Yellow Pages _____

Internet _____

Referred By _____

Other _____

Insurance Information

I understand that I am financially responsible for all charges not paid by insurance. Payment is due at the time services are rendered. I authorize the release of any medical information necessary to process insurance claims.

Signature _____ Date _____

Privacy Information

I have been provided with or declined a copy of the office's privacy policy.

Signature _____ Date _____

Appointment Date: _____

Name _____ Birth Date _____

Medical History Record

Do you currently wear glasses? Yes or No

Do you currently wear contact lens? Yes or No

**please bring current contact lens information with you.*

Have you had any of the following? If yes, please circle.

Eye Surgeries

Glasses

Eye Infections

Eye Injuries

Contacts

Other _____

Any eye problems at this time? Please explain _____

Please list any eye diseases in your family _____

Please list any medications you take _____

Please list any medications you are allergic to _____

Do you have problems with any of these systems? If Yes, please check box.

Allergic/Immunologic

Gastrointestinal

Nervous System

Blood/Lymph

Genitourinary

Respiratory

Cardiovascular

Headaches

Skin

Ear/Nose/Throat

Mental

Endocrine (Glands)

Musculoskeletal

Please list any additional information necessary for this appointment _____
