



Preston Optometry Center
258 Towne Village Drive, Cary, NC 27513
(919) 467-4657

New Patient Form

Today's date:
Patient's name: Date of birth:
Address: Age: Sex: M F
City/State/Zip: Home #:
Email: Cell #:
Occupation: Employer:

Spouse: Parent/guardian:

Does your health insurance cover vision care? Yes No

If yes, please bring the card for receptionist to copy

Please list the primary problem(s) that prompted your visit today:

Date of last eye exam (or best guess): Age of current eyeglasses (or best guess):

Are you interested in contact lenses? Yes No If yes, do you currently wear contacts? Yes No

If you currently wear contacts please record the following info\* (if available)

Brand of contact: Bc: Dia: RX: Right eye: Left eye:

\*This info is available on the boxes or labels of your current contacts (or just bring the boxes)

FAMILY HISTORY Do you or your family have any of the following? (living or deceased)

Table with 3 columns: Disease/Condition, No, Self, Family. Rows include Thyroid Disease, Eye Injury, Eye Surgery, Double Vision, Headaches, Glaucoma, Cataract, Diabetes, High Blood Pressure, Eye Disease, Arthritis, Cholesterol.

Allergies (Medication, Pollen, Etc.):

List of all medications you are currently taking:

How did you find out about Preston Optometry Center Friend Website Other

Whenever possible, we will file your insurance claims. My signature below is my authorization to submit the necessary forms to file my insurance claim. If my insurance claim is rejected, I understand that I am responsible for all charges.

You may need to have your pupils dilated during the eye exam today. These drops may blur your vision somewhat. Most patients are able to drive home after receiving these drops. If you refuse the drops at today's exam we will postpone the drops until your next exam, so you can make other driving arrangements.

I have been offered a copy of the office privacy policy (see link to privacy policy form)

Please sign stating that you read and completed this form to the best of your knowledge (patient or legal guardian)

Signature: Date: