

Bruce Oberhelman, O.D.

Tara Hake, O.D.

1331 Poyntz Ave
Manhattan, KS 66502

Please check the doctor's name you have any appointment with today

Date: _____

PATIENT INFORMATION

(please answer all pertinent questions)

Title _____ Last Name _____ Middle _____ First _____ Name you prefer _____

Address _____

Home Phone (____) _____ Mobile(____) _____ E-mail _____

Birthdate _____ Age: _____ Sex: M F SS# _____

Referred by: Patient (who) _____ Doctor (who) _____ Sign _____ Phone Book _____ Other _____

Emergency Contact _____ Relationship _____ Phone (____) _____

EMPLOYMENT INFORMATION

Employer _____ Spouse's Name _____

Occupation _____ Spouse's Employer _____

Work Address _____ Spouse's Work Address _____

Work Phone # _____ Spouse's Work Phone # _____

COMPLETE THIS SECTION IF PATIENT IS A MINOR

Father's Name _____ Mother's Name _____

Social Security # _____ Social Security # _____

Father's Address _____ Mother's Address _____

Father's Employment _____ Mother's Employment _____

Father's Work # _____ Mother's Work # _____

INSURANCE INFORMATION

Primary Insurance _____ Policy Holder _____

Secondary Insurance _____ Policy Holder _____

Authorization for Release of Information and Assignment of Insurance Benefits

I hereby authorize payment of insurance benefits to Drs. Oberhelman and Hake for covered services and fees. I authorize them to release to my insurance carrier any information necessary to process my claims. A photocopy of this authorization will be considered as valid as the original. I understand that I am responsible for payment of all charges not covered by insurance or 60 days past due.

Signature _____ Date _____

Acknowledgement of Receipt of Notice of Privacy: I have received a copy of Notice of Privacy Practices as required by HIPAA Privacy Regulations, effective April 14, 2003.

Signature _____ Date _____

Permission for Dilation: Pupil dilation is an important part of a comprehensive eye exam and is offered at no additional charge. A dilated pupil allows a much more thorough view of structures inside the eye. It may allow us to detect otherwise undiagnosed cataracts, glaucoma, diabetic retinopathy, macular degeneration, retinal detachments, and many other serious conditions. The most common side effects are increased sensitivity to light and reduction of near focusing ability. Some patients may experience difficulty driving and may wish to schedule the dilation when they have a driver. The effects of the dilating drop usually last 2 to 4 hours.

_____ **YES** I do give permission for diagnostic drops to be instilled in my eyes for the purpose of dilation

_____ **NO** I do not give permission for diagnostic drops to be instilled in my eyes for the purpose of dilation. By checking no, I certify that I have been adequately advised of the need to have my eyes dilated for examination and I have voluntarily chosen not to do so.