VITREO-RETINAL ASSOCIATES, PC **FOLLOW-UP PATIENT FORM**
(This information will be entered in your medical record and reviewed by the doctor.)

Legal Name: _____ **Date of Birth**: _____

Prefer to be Called_____ **S.S. #:** _____

Address: _____**City:** _____**State:** ____**Zip:** _____

Preferred Phone Number: (_____) _____ Alt Phone: (_____) _____

Email: _____ Occupation: _____
□ Male □ Female **Marital Status:** □ Single □ Married □ Divorced □Widowed

Emergency Contact: _____ Phone (____) _____
Relation to you: □ Spouse □ Child □ Sibling □ Other _____
MAY WE DISCLOSE Personal Health information to this person? □ **YES** □ **NO**
If you have **ADDITIONAL People** that you would like to allow VRA to release information to, schedule appointments, etc. please ask the Front Desk for the **ADDITIONAL CONTACT FORM.** ***

Do you have a **Legal Guardian/Power of Attorney**? □ YES □ NO **Provide copy of legal document**
Guardian/Power of Attorney's Name: _____Phone: (____) _____

Primary Care Physician (Name and Address): _____

LOCAL Pharmacy:(Name and City/Town): _____

LIST NEW Eye Medication(s) (drops or ointments) **Provide list to technician or list below**

LIST NEW Other Medication(s) Provide list to technician or list below
including prescribed, vitamins, herbal, and/or over the counter

Medication Name	MG	Frequency	Medication Name	MG	Frequency

Allergies to any medications? □ YES □ NO Are you Allergic to **Latex**? □ YES □ NO
Please List:

List NEW Eye History eye injections, glaucoma, corneal, retinal detachment, surgeries (include eye & date):
_____

List NEW Medical History list any new diagnoses, surgeries, and procedures:
_____

History of **Diabetes**. □YES □NO Year Diagnosed: _____ Last A1C & Date_____
Insulin Dependent. □YES □NO Who manages? Name & Address: _____

History of **Rheumatoid Arthritis** or **Autoimmune disorder**. □YES □NO
Are you taking **Plaquenil?** □YES □NO Who manages? Name & Address: _____

Patient Signature: **Date:**
Legal Guardian signing documents, must provide a copy of legal documentation beforehand