



5528 North Davis Highway
Pensacola, FL 32503

Dear Patient:

Enclosed please find some forms that need to be completed and brought with you to your office visit. For more information please visit our web page at www.UllmanEye.com. Please note the following office policies:

- New patients will usually have a dilated examination and you should anticipate being in the office approximately 2 hours. The dilation will blur your vision for the remainder of the day. **If possible, please arrange for someone to drive you home.** If necessary, patients can be accompanied in the office by a family member or friend.
- If you are coming for a second opinion please bring your old records if possible.
- We appreciate your time is valuable. We will make every effort to stay on schedule. However, we are a referral practice and commonly see eye emergencies. This can disrupt the schedule.
- Please bring all your insurance information (including your cards) with you to the office. If you are in an HMO and require a pre-authorization for your visit, you are responsible for obtaining this *prior* to your examination. If the office does not have authorization at the time of your visit, we cannot bill your HMO and you will be expected to pay for your examination at the time of your visit. Any co-pays, co-insurance, and deductibles will be collected at the time of your examination. We will also be making a copy of your driver's license and your social security number will be needed.
- If you have an emergency and need to reschedule please call my office at 850-208-1900 during normal business hours (Monday thru Friday - 8 A.M. to 4 P.M.).
- If you wear prescription eyeglasses, please bring them with you to your examination.
- The doctors at Ullman Eye Consultants limit their practice to surgery and diseases of the eye and do not do routine eye examinations.
- **Our office is located at 5528 North Davis Highway (one block north of Home Depot – opposite side of street). Please arrive 15 minutes early for registration.**

We consider it a compliment that you have chosen us to evaluate your eye condition and we look forward to meeting you. Please call if you have any questions or concerns (850-208-1900).

**PLEASE REMEMBER TO BRING YOUR COMPLETED
FORMS TO YOUR OFFICE VISIT. THANK YOU.**



Patient Intake Form

Have you been seen at Ullman Eye Consultants in the past 3 years? Yes No Date _____

Last Name: _____ First Name _____ MI: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Social Security #: _____ Date of Birth: _____ Sex: Male Female

Race/Ethnicity: _____ Preferred Language _____

Street Address: _____ City: _____ State: _____ Zip: _____

Driver's License Number and State: _____ Email: _____

Referring Doctor: _____ Primary Care Doctor: _____

If currently employed, employer Name and Address: _____

Emergency Contact Person: _____ Relationship _____ Phone: _____

Preferred Pharmacy Name and Address: _____

Primary Insurance Company: _____

Policy Holder's Name: _____ Policy Holder's SSN# _____

Policy Holder's Date of Birth: _____ Relationship of Policy Holder to Patient: _____

Policy Holder's Employer Name: _____ Policy Holder's Employer Phone: _____

Policy Holder's Employer Address: _____

Secondary Insurance Company: _____

Policy Holder's Name: _____ Policy Holder's SSN# _____

Policy Holder's Date of Birth: _____ Relationship of Policy Holder to Patient: _____

Policy Holder's Employer Name: _____ Policy Holder's Employer Phone: _____

Policy Holder's Employer Address: _____

Please complete the following questions as completely as possible. Do you have a history of?

Table with 5 columns: Question, YES, NO, Question, YES, NO. Rows include: Hypertension, Stroke, Cancer, Bleeding Problem, Heart Disease, Asthma, Lazy Eye (Amblyopia), Diabetes, Drug Allergies, Have you ever taken Flomax/Tamsulosin?, Do you take your glasses off to read?, Have you ever worn contact lenses?, Have you ever done monovision?, Glaucoma, Prior Eye Surgery, Prior LASIK/PRK, (If yes, list insulin use and last A1c), (If yes, please list)

Please list any other known medical problems and/or any past surgeries: _____

Please list all medications taken regularly (including any topical medications): _____

Do you have a family history of any disease, including glaucoma? (Please list): _____

Married Single Divorced Widowed Smoker: Yes No Job: Retired Other: _____

