TEXAS EYE AND LASER CENTER
DR. BRIAN D. RANELLE DR. JERRY G. HU

Please fill these forms out and bring them with you to your visit along with your insurance cards.

DEMOGRAPHICS INFO

NAME First M.I. Last	Date	SSN	
STREET ADDRESS		DOB	AGE
CITY	STATE	ZIP 76053	SEX ☐ Male ☐ Female
HOME PHONE	OTHER PHONE		MARITAL STATUS ☐ SINGLE ☐ MARRIED
EMPLOYER NAME & PHONE		EMAIL ADDRESS	
OCCUPATION	EMERGENCY CONTACT NAME & PHONE		
PRIMARY INSURANCE	SECONDARY INSURANCE		

RACE
☐ Asian ☐ African-American ☐ American Indian/Alaskan Native ☐ Caucasion ☐ Native Hawaiian or other Pacific Islander ☐ Other

ETHNICITY
☐ Hispanic or Latino ☐ Not Hispanic or Latino

PRIMARY CARE DOCTOR	OPTOMETRIST	LAST EXAM DATE	WHO REFERRED YOU?

EYE HISTORY

HAVE YOU EVER BEEN DIAGNOSED OR TREATED FOR THE FOLLOWING EYE ISSUES?

☐ CATARACT
☐ GLAUCOMA
☐ CORNEA PROBLEM
☐ RETINAL TEAR/DETACHMENT
☐ MACULAR DEGENERATION
☐ LAZY EYE/AMBLYOPIA
☐ DIABETIC EYE DISEASE
☐ TRAUMA/INJURY
☐ CONTACT LENS WEAR

PREVIOUS EYE SURGERIES

DATE	SURGERY DONE	DOCTOR	**CURRENT EYE MEDICATION?**

PAYMENT IS EXPECTED WHEN SERVICES ARE RENDERED

IF YOU ARE ON AN **HMO** OR A PLAN THAT REQUIRES A REFERRAL, **YOU** ARE RESPONSIBLE FOR BRINGING THESE EACH VISIT AND MAKING SURE THEY ARE CURRENT, REFERRALS USUALLY EXPIRE 30-90 DAYS OF BEING ISSUED.

I hereby authorize a physician of Texas Eye and Laser Center permission to examine, diagnose and or treat any condition found during my examination. Also, I authorize permission to Texas Eye and Laser Center to release any medical information necessary to process all claims filed to my insurance carrier.

Signature of patient, guardian or responsible party if minor

Date

KK060420

(OVER)

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FAMILY HISTORY:	YES	NO	WHO?
DIABETES			
GLAUCOMA			
CORNEAL DISEASE			
RETINA DISEASE			
MACULAR DEGENERATION			
HEART DISEASE			
CANCER			
HIGH BLOOD PRESSURE			

HEALTH HISTORY:	YES	NO
DIABETES		
HIGH BLOOD PRESSURE		
HEART DISEASE		
KIDNEY DISEASE		
HIGH CHOLESTEROL		
NEUROLOGIC STROKE		
AIDS/HIV		
CANCER:		
ARTHRITIS		
STOMACH/COLON DISEASE		
THYROID/GLAND DISORDER		
SKIN DISEASE		
ABNORMAL BLEEDING		
CURRENTLY PREGNANT?		

GENERAL SURGERY HISTORY

PHARMACY ADDRESS & PHONE #

CURRENT MEDICATIONS:

ALLERGIES TO MEDICINE:

PERSONAL SUBSTANCE USE	
	YES/NO
ALCOHOL	
TOBACCO/SMOKE	
OTHER:	
OTHER:	