



Welcome to Advanced EyeCare Centers, P.C.
 Aurora 303-750-7621 • Centennial 303-770-8081 • Lone Tree 303-944-2020
 Randolph E. Fincher, O.D. Edward J. Golesh, O.D. Laura L. Juba, O.D.
 Hayes A. Redmond, O.D. Randolph C. Fincher, O.D., M.B.A.

Patient Information

Today's Date: _____

Mr. Mrs. Miss Ms. Dr.

Name First: _____ MI: _____
 Last: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Birthdate: _____ Age: _____ Gender: Male Female

Social Security: _____ Marital Status: Married Single

Employer: _____ Occupation: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Approximate date of last eye exam: _____ Name of previous Eye Doctor: _____

Who may we thank for referring you to our office? (Please circle one)

Previous Patient?

Name: _____ Vision Insurance Plan? _____

Relationship to Patient: _____ Other? _____

Another healthcare practitioner? _____

Name: _____

Insurance and Billing Information

Vision/Medical insurance company _____

Policy holder name and relationship to you _____

Policy holder birth date _____

Policy holder Work phone # _____ Home phone # _____

Policy holder ID # _____

Personal and Family Medical History

Please check all areas that apply to you or anyone in your immediate family.

Yourself	Family Member		Yourself	Family Member	
<input type="checkbox"/>	<input type="checkbox"/>	Eye Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	<input type="checkbox"/>	Eye Disease	<input type="checkbox"/>	<input type="checkbox"/>	Cancer
<input type="checkbox"/>	<input type="checkbox"/>	Eye Injury	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	<input type="checkbox"/>	Cataracts	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis
<input type="checkbox"/>	<input type="checkbox"/>	Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease
<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure
<input type="checkbox"/>	<input type="checkbox"/>	Photosensitivity	<input type="checkbox"/>	<input type="checkbox"/>	Dry Eyes
<input type="checkbox"/>	<input type="checkbox"/>	Floaters or Flashes of Light	<input type="checkbox"/>	<input type="checkbox"/>	Problems with Glare or Reflections

Please list any current medications that you are taking:

Do you smoke? Yes No Do you drink alcohol? Yes No

Are you currently under the care of a physician? Yes No

Name of physician _____ Physician's phone number _____

Advanced Technology for Glaucoma Detection

Glaucoma can rob people of their vision even though they don't have any visual symptoms or pain. Over two million Americans have glaucoma yet only half of those individuals have been diagnosed. Early detection is our major concern.

The doctors at Advanced EyeCare will evaluate you for glaucoma as part of your comprehensive eye examination. If you show signs of glaucoma during your exam or have one of the following:

- A family history of glaucoma
- Are of African-American or Latino ancestry
- Have a history of high eye pressure

We will recommend testing you with the Zeiss GDx. This is an innovative instrument that quickly and safely scans your optic nerve with a laser to analyze the health of your retinal nerve fibers, a key to diagnosis of glaucoma.

Your doctor will discuss your testing and treatment options if you are at risk for glaucoma.

Most medical insurance will cover special testing for Glaucoma