Welcome to Dr. Howard McFarland's Office

This information will allow us to begin the process that ensures your eye health and vision remain at their best, and that your health and lifestyle needs are met. Thank you for your help.

Your Name _____
Last First Middle Nickname or Preferred

Your Address _____
Street or P.O. Box City State Zip

Your Date of Birth _____/_____/_____ Height_____ Weight_____ SS# _____-____-_____ e-mail _____

Phone numbers cell (_____) _____-_____ home (____) _____-_____ work (____) _____-_____

Your Employer _____FT____PT____ Your Family Doctor _____

Your Preferred Pharmacy _____ Emergency Contact_____

If married, name of spouse _____ Spouse employed by _____

If under 18, parent or guardian's name _____Are you a full-time student?_____

Relation _____ Phone _____-_____ Employer _____

Reason for your visit? _____ Whom may we thank for referring you? _____

Have you ever worn contacts? _____Are you interested in contacts?_____

How will you be paying today? ☐ Cash, Check, Debit or Credit Card ☐ Vision Care Insurance or Care Credit

"I request that payment of benefits be made to the doctor for any services provided. I also authorize any holder of medical information about me to release to the carrier and its agents any information needed to determine these benefits or the benefits payable for related services."

"I understand that any services not covered by insurance and co-pays are due at time of service."

"I also acknowledge that I have had an opportunity to receive a copy of the Privacy Practices and Policies of this practice."

_____
Signature/Guardian Date

Your occupation and lifestyle play the most important roles in determining your visual requirements.

How do you use your eyes at work? _____

What hobbies or activities do you enjoy? _____

What special vision needs or problems do you have? (glare, night vision, etc.) _____

Some ethnic groups are more at risk for eye disease.

Race? _____Ethnicity? ☐Hispanic ☐Non Hispanic ☐Native Hawaiian/Other Pacific Islands ☐Decline to provide Preferred language? _____ Gender? ☐ Male ☐ Female

Thank You.