



967 N McQueen Rd Chandler, AZ 85225  
480-726-3445  
Located Just South of CVS Pharmacy  
On The Southeast Corner of Ray and McQueen

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Preferred First Name: \_\_\_\_\_ City, State Zip: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_  
Gender: **Male** **Female** Occupation: \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_

*If you are using insurance today, please complete the following:*

Name of Insurance: \_\_\_\_\_ Subscriber ID or SSN: \_\_\_\_\_  
Primary Cardholder: \_\_\_\_\_ Primary's Birth Date: \_\_\_\_\_

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Reason for Today's Visit: \_\_\_\_\_ Date of Last Eye Exam: \_\_\_\_\_  
Do you wear glasses, contacts or both? \_\_\_\_\_ Do you use a computer? **Yes** **No**  
Are currently being treated for?  
**Diabetes** **Diabetic Retinopathy** **Hypertension** **High Cholesterol**

Have you been diagnosed or treated for any other medical conditions? If yes, please explain.

List any medications you are currently taking: \_\_\_\_\_

List any medications you are allergic to: \_\_\_\_\_

Have you been diagnosed or treated for any eye diseases or had eye surgery? If yes, please explain.

Check all that apply

Are you pregnant or nursing? \_\_\_\_\_ Do you have seasonal allergies? \_\_\_\_\_  
Do you see flashes of light in your vision? \_\_\_\_\_ Do you experience double vision? \_\_\_\_\_  
Do you suffer from temporary black outs of your vision? \_\_\_\_\_ Do you see floating objects in your vision? \_\_\_\_\_

Has anyone in your immediate family been diagnosed or treated for:

Glaucoma: \_\_\_\_\_ Lazy eye: \_\_\_\_\_  
Diabetes: \_\_\_\_\_ Retinal Problems: \_\_\_\_\_  
Cataracts: \_\_\_\_\_ Macular Degeneration: \_\_\_\_\_

Would you like to have the Optomap retinal scan today? [Click here for details](#)  
with your clipboard.

I **REQUEST** an Optomap today. I understand that there is a \$39 co-pay for this service.  
I **DECLINE** an Optomap today.

Would you like to be dilated today? There may be an additional fee for this dilation.  
*The 'Importance of Dilation' is on the next page if you unfamiliar with the procedure.*

I **REQUEST** dilation today.  
I **DECLINE** dilation today.  
I will follow the doctor's recommendation.

I have read the Importance of Dilation and Notice of Privacy Practices on the following page.

Patient or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Importance of Dilation**

Our doctors routinely perform pupillary dilation to uncover internal eye problems including retinal disease, cataracts, macular degeneration, glaucoma and other visual pathway diseases that may lead to loss of sight. Dilation is the application of drops into your eyes, which causes your pupils to enlarge and allows the doctor to complete an internal examination of your eye. Dilation is recommended for everyone, but **especially important for Diabetics and patients over the age of 40**. After a dilated exam, you will experience light sensitivity and blurry vision for 4 to 6 hours. You will be provided sunglasses following the dilated exam, but it is recommended that you bring along a driver.

## **Notice of Privacy Practices**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This notice is effective 9/23/13 until further notice. [A five page version of this document with examples and more detail is available on our website or by asking the receptionist for a copy.](#)

### **Your Rights**

When it comes to your health information, you have certain rights which include the following:

- Get an electronic or paper copy of your medical record.
- Ask us to correct your medical record
- Request confidential communications
- Ask us to limit what we use or share
- Get a list of those with whom we've shared information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you feel your rights are violated

### **Your Choices**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

### **Our Uses and Disclosures**

We typically use or share your health information to treat you, run our organization and bill for services. **We will not sell your information or use it for marketing purposes.** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

### **Our Responsibilities**

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

### **Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

### **Contact Information**

For further information or to file a complaint with us, please contact Dr. Hoepfner at:  
Perfect Focus Eyecare / 967 N McQueen Rd / Chandler, AZ 85225 / 480-726-3445