



# Bowling Green Vision Center

David A. Shilling, O.D.  
Nicholas A. Peiffer, O.D.

Name:	Date of Birth:
Address:	SSN:
Address:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow
Home Phone:	Race:
Cell Phone:	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Email:	Employer:
Contact Preference: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email	Occupation:

### How were you referred to our office?

Insurance List  Internet  Drive By  School  Current Patient \_\_\_\_\_

### Would you like us to list an emergency contact for you?

Yes      Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_

Not at this time

### Please read and sign:

I hereby acknowledge that I have received and understand the Notice of Privacy Practices of Drs. Shilling and Peiffer, Inc., which explains the ways in which my personal health and insurance information may be used, and my right to access this information.

I also give the Doctor permission to treat me as deemed necessary, for Drs. Shilling and Peiffer, Inc. to bill my insurance, if applicable, and agree to remit payment at the time services are rendered unless previous arrangements have been made. I acknowledge that if the insurance information I have provided to Drs. Shilling and Peiffer, Inc. is incorrect or I am ineligible for benefits, I will be solely responsible for the charges associated with this and any future examinations.

Patient/Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Complete line below if responsible party different from patient.

Responsible Party SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Responsible Party Name (please print): \_\_\_\_\_



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**Do you have any *family history* of the following? Please list any medication allergies you may have:**

- Glaucoma  Yes  No
- Cataracts  Yes  No
- Macular Degeneration  Yes  No
- Retinal Disease  Yes  No
- Blindness  Yes  No
- Eye Turn  Yes  No
- Lazy Eye (Amblyopia)  Yes  No
- Diabetes  Yes  No
- Cancer  Yes  No
- Heart Disease  Yes  No
- High Blood Pressure  Yes  No
- High Cholesterol  Yes  No
- Stroke  Yes  No

\_\_\_\_\_

- Are you bothered by glare?  Yes  No
- Do you use a computer?  Yes  No
- Do you wear contacts?  Yes  No
- If no, are you interested in wearing contacts?  Yes  No
- Are you interested in LASIK or other refractive surgeries?  Yes  No
- Are your glasses too thick or too heavy?  Yes  No
- Do you wear sunglasses?  Yes  No

Primary Care Physician:	Date of Last Physician Visit: <input type="checkbox"/> Unknown
Previous Eye Doctor:	Date of Last Eye Exam: <input type="checkbox"/> Unknown

**Are *you* experiencing any of the following?**

- Pregnant or Nursing  Yes  No
- Cancer  Yes  No
- High Blood Pressure  Yes  No
- Stroke  Yes  No
- Heart Attack  Yes  No
- Chronic Sinusitis  Yes  No
- Asthma  Yes  No
- Sleep Apnea  Yes  No
- Heartburn  Yes  No
- Colon Cancer  Yes  No
- STD's  Yes  No
- Arthritis  Yes  No
- Rosacea  Yes  No
- Multiple Sclerosis  Yes  No
- Headaches  Yes  No
- Depression or Anxiety  Yes  No
- Diabetes  Yes  No
- Thyroid Dysfunction  Yes  No
- High Cholesterol  Yes  No
- Seasonal Allergies  Yes  No

Please list any eye surgeries or major surgeries you have had:

\_\_\_\_\_

**Are *you* experiencing any of the following?**

- Glaucoma  Yes  No
- Cataracts  Yes  No
- Macular Degeneration  Yes  No
- Eye Injury  Yes  No
- Retinal Disease  Yes  No
- Double Vision  Yes  No
- Lazy Eye (Amblyopia)  Yes  No
- Dry Eyes  Yes  No
- Blurred Vision  Yes  No
- Flashes or Floaters  Yes  No
- Do you use tobacco?  Yes  No
- Do you use illegal drugs?  Yes  No
- Do you drink alcohol?  Yes  No
- Please list any hobbies:

\_\_\_\_\_

## Our Mission

At Bowling Green Vision Center, it is our privilege to provide our patients and our community with the most comprehensive, valuable, efficient, and educational eye and vision care possible. We strive, in everything we do, to ensure you a lifetime of outstanding vision and eye health.