

Welcome Back



Name: _____

Email: _____

Date: _____

Occupation: _____

Mobile Phone: _____

Family Doctor: _____

Did you receive an email or text reminder for your appointment? Yes or No

Do you have any new medical conditions or new medication? Yes or No

If so, what: _____

Reconfirm Insurance- Please give all insurance cards to our staff and reconfirm which insurance you will be using:

Primary: _____ Secondary: _____

IMPORTANT!! To better care for you today, please tell us the following information-

<p>What problem or concern would you like us to focus on today?</p>	
<p>What changes have you noticed with your eye(s) since your last exam?</p>	
<p>What medication(s) or vitamin(s) do you take specifically for your eyes?</p> <p>How often do you use these products?</p>	
<p>How would you like to improve your glasses? (scratched/broken, better vision, less thick/heavy, updated style, less glare)</p>	
<p>What other information should we know to better care for you today?</p>	

How can we improve upon your visit today versus previous visits at West Tennessee Eye?
 (Understanding of condition, understanding of treatment, wait time, cleanliness of office, friendliness of staff, time with doctor, issues with glasses, issues with contact lens, or other opportunities for improvement)

Which family members have not seen an eye specialist for a comprehensive exam this year?

(This does not include school screenings or pediatrician screenings, which are not comprehensive exams.)

- Spouse / Partner
 School aged children
 Parents