



# J. Michael Harmon, O.D. and Associates

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_ (MI) \_\_\_\_\_ Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Sex  F  M  
 Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ SS # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Single \_\_\_\_ Married \_\_\_\_ Domestic Partner \_\_\_\_ Significant Other Name \_\_\_\_\_  
 Names and ages of children \_\_\_\_\_ Parent, if Patient is a child \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Date of last eye exam \_\_\_\_\_  
 Vision Insurance Y / N Insured Name \_\_\_\_\_ Insurance ID # \_\_\_\_\_ Referred by \_\_\_\_\_

I would like to be notified of special events by email. Email address \_\_\_\_\_

How did you hear about our office?  friend/family  Press Democrat  Bohemian  phone book  online

**Please check any of the following reasons for this exam:**

New eyeglasses  Computer lenses  Eye health examination  Reading glasses  Contact lenses

**Describe your interest in Laser Vision Correction:**  very interested  interested  thought about it  not interested  not a candidate

**GENERAL INFORMATION**  
 Do you wear glasses? Y / N  
 How many years? \_\_\_\_\_  
 Are glasses for distance? Y / N  
 Are glasses for reading? Y / N  
 Do you wear contact lenses? Y / N  
 What type: Soft / Hard / Daily / Disposable  
 Bifocal Contacts / Colored / Extended Wear  
 Do you work on a computer? Y / N  
 How many hours daily? \_\_\_\_\_

**To help us provide you with the best vision, please check any of the activities that apply to your lifestyle in work or pleasure.**

<input type="checkbox"/> Accounting	<input type="checkbox"/> Driving	<input type="checkbox"/> Piano	<input type="checkbox"/> Team sports
<input type="checkbox"/> Bicycling	<input type="checkbox"/> Fishing	<input type="checkbox"/> Playing cards	<input type="checkbox"/> Television
<input type="checkbox"/> Computer use	<input type="checkbox"/> Flying	<input type="checkbox"/> Racquetball	<input type="checkbox"/> Tennis
<input type="checkbox"/> Crafts	<input type="checkbox"/> Gardening	<input type="checkbox"/> Reading	<input type="checkbox"/> Video games
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Golf	<input type="checkbox"/> Running	<input type="checkbox"/> Water sports
<input type="checkbox"/> Desk Work	<input type="checkbox"/> Machine operator	<input type="checkbox"/> Sewing	<input type="checkbox"/> Woodworking
<input type="checkbox"/> Drafting	<input type="checkbox"/> Motorcycle riding	<input type="checkbox"/> Skiing	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Drawing	<input type="checkbox"/> Needlework	<input type="checkbox"/> Studying	_____

**Please complete all that apply regarding your MEDICAL INFORMATION**

How is your general health? \_\_\_\_\_  
 Current medications: \_\_\_\_\_

<b>FAMILY MEDICAL HISTORY</b>	<b>YOUR MEDICAL HISTORY</b>
High blood pressure Y / N Relation _____	High blood pressure Y / N
Diabetes Y / N Relation _____	Diabetes Y / N Type _____
Glaucoma Y / N Relation _____	Date of diagnosis _____
Macular degeneration Y / N Relation _____	Allergies Y / N Allergic to what? _____
Retinal detachment Y / N Relation _____	Medication allergy Y / N What meds? _____
Cataracts Y / N Relation _____	Headaches Y / N Dry eyes Y / N Red eyes Y / N
Other eye condition(s) Y / N Relation _____	Cataracts Y / N Glaucoma Y / N Blurred vision Y / N
What kind? _____	Other health problems? _____

I understand that if my insurance eligibility cannot be verified, or if my insurance does not pay the amount due to my account, that I will be financially responsible for payment of all charges incurred for services received from Sonoma Eyeworks and Sonoma Eyeworks Optometry.

Privacy Notice: This office's privacy practices are in accord with HIPPA regulations. You may obtain a copy of our privacy practice at any visit. Your signature here indicates that you have been advised of the availability of this information.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_