

## Welcome to Our Office!

### Patient History

(\*all information is strictly confidential and ONLY used in your medical care\*)

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

SSN \_\_\_\_\_ Parent's SSN (if patient is a minor) \_\_\_\_\_

email \_\_\_\_\_ Date of last eye exam \_\_\_\_\_

Occupation \_\_\_\_\_ Hobbies \_\_\_\_\_

List insurance and the date of birth of subscriber (if different from yours) \_\_\_\_\_

Do you prefer to receive appointment information by mail or email \_\_\_\_\_

What brings you in today? \_\_\_\_\_

Referred by (if applicable): \_\_\_\_\_

Family Doctor / Primary Care Doctor: \_\_\_\_\_

Have you ever been treated for Diabetes or Hypertension? \_\_\_\_\_

Have you ever been treated for an autoimmune disease? \_\_\_\_\_

Have you ever had an eye injury, surgery, or disease? **Y / N** If yes, please explain  
\_\_\_\_\_

Do you take any medications? Please list and spell to the best of your ability.  
\_\_\_\_\_

Do you have any allergies to medications? \_\_\_\_\_

Do you have or have you ever experienced any of the following problems:

1. Chronic fever, fatigue, unexplained weight loss or gain? **Y/N**
2. Ear/nose/throat problems? **Y/N**
3. Heart problems? **Y/N**
4. Breathing problems? **Y/N**
5. Stomach/Intestinal problems? **Y/N**
6. Urinary Problems? **Y/N**
7. Skin Problems? **Y/N**
8. Muscle or Bone Problems? **Y/N**
9. Neurologic problems (numbness, weakness, headaches, paralysis)? **Y/N**
10. Psychiatric Problems? **Y/N**

Family and Social History:

1. Do you have any medical or eye diseases in your family (Diabetes, High Blood Pressure, Macular Degeneration, Glaucoma)?
2. Do you smoke? **Y/N**
3. Do you drink alcohol? **Y/N** If yes, how much/how often?
4. Do you use any illegal drugs? **Y/N** If yes, what kind, how much, how often?

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NOTICE OF PRIVACY PRACTICES

Dr. Nathan Emmert, OD  
920 West G Street  
Elizabethton, TN 37643  
Telephone 423-543-2020  
Cindy Tipton, Privacy Officer Telephone 423-543-2020

Effective Date: September 23, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact our Privacy Officer listed above.

By signing below, I attest that I have been instructed on the new privacy policies and have been directed to where those can be found. I have been offered an electronic copy or a hard copy.

\_\_\_\_\_  
Patient Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Authorized Provider Representative

\_\_\_\_\_  
Personal Representative (Printed)

\_\_\_\_\_  
Personal Representative (Signature)