

Desert Vision Optometry

David R. Esquibel, O.D.
555 S. Sunrise Way Ste. 401
Palm Springs, CA 92264

Patient Information		Date: _____
First Name: _____	Last Name: _____	MI: _____
Address: _____	City: _____	State: _____ Zip: _____
Primary Phone: _____	Mobile: _____	Work: _____
Date of Birth: _____	Email: _____	
(Guardian Information if patient is under 18 years of age)		
First Name: _____	Last Name: _____	MI: _____
Address: _____	City: _____	State: _____ Zip: _____
Emergency Contact		
First Name: _____	Last Name: _____	Phone: _____
General Medical History (Circle All That Apply)		
Arthritis Asthma Cancer Diabetes Heart Disease High Cholesterol		
HIV Hypertension Migraines/Headaches Mental Other: _____		
Medications: _____		
Allergies: _____		
Family History (Circle All That Apply)		
Hypertension Macular-Degeneration Diabetes Glaucoma Cataracts		
Please List Any General Surgeries or Eye Injuries		
_____		Date: _____
_____		Date: _____
Eye Health (Circle All That Apply)		
Macular Degeneration Glaucoma Dry Eye Blurred Vision Cataracts Retinal Detachment		
Eye Injuries: _____		Date: _____
Eye Surgeries: _____		Date: _____
Contact Lens Information		
Contact Lens Brand: _____		
<i>*Please bring your most recent contact lens prescription with you to the appointment*</i>		
Financial Assignment Information		
I understand and agree that health insurance policies are an arrangement between the insurance and my-self. I understand and agree that all services rendered to me and charged are my personal responsibility for timely payment. I understand if I suspend or terminate my care/treatment, any professional services rendered to me will be immediately due and payable.		
Initial: _____		
Acknowledgement of Notice of Privacy Practices (NPP)		
_____ Yes, I have read or had explained to me by Desert Vision Optometry the NPP & I wish to continue my care under said terms.		
_____ No, I have not read the NPP but I was given the opportunity to read it and declined. I wish to continue care under said terms.		

Signature agreeing to all above terms: _____ Date: _____