Vision Forward Association

Today's Date _____/_____/_____

INTAKE FORM

CLIENT CONTACT INFORMATION

Title (circle one) Mr Mrs Ms Dr Other ______________________________

First Name ___________________ **Middle Initial** ______ **Last Name** _____________________

Street Address ____

City __________________ **County** ___________ **State** _________ **Zip** _______________

Phone Number ____

Email Address ____

Date of Birth ______________ **Gender** M / F **Race/Ethnicity** ______________________

Marital Status (circle one) M D S W **Spouse's Name**_____________________________

Social Security number:__________________________________

Emergency Contact **Is this your contact for: scheduling? Yes / No Billing? Yes / No**

Name ____

Main Phone Number _____________________ **Other Phone Number** ______________________

Street Address ____

City ________________________ **State** _________ **Zip** _______________________

Relationship to You ____

OVER →

MEDICAL HISTORY INFORMATION

Primary Eye Doctor

Name ____

Phone ____

Other Eye Doctor

Name ____

Phone ____

When was your last dilated eye exam? (estimated date) ______________________

When did you first begin to have vision problems? (estimated date) ______________

Please indicate the main cause of your decreased vision: (circle all that apply)

Macular Degeneration   Glaucoma   Diabetic Retinopathy   Retinitis Pigmentosa   Stroke

Other:____

Do you currently have, or do you have a history of?

- ☐ High blood pressure
- ☐ Heart problems
- ☐ Hand tremors
- ☐ Head tremors
- ☐ Diabetes
- ☐ Depression
- ☐ Anxiety
- ☐ Hearing Loss
- ☐ Arthritis
- ☐ Back Problems
- ☐ Neck Problems
- ☐ Asthma or breathing problems
- ☐ Stroke
- ☐ Other ________________

What medications are you currently taking (please attach list if needed)

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SOCIAL HISTORY INFORMATION

Describe where (apartment, house, etc.) and with whom you are currently living: ___________

____

What is the annual income for your entire household?

- ☐ Under $9,999 ☐ $10,000-14,999 ☐ $15,000-24,999
- ☐ $25,000-36,999 ☐ $37,000-49,999 ☐ $50,000-74,999
- ☐ $75,000-99,999 ☐ More than $100,000

Number of individuals in the household:____________

How did you hear about Vision Forward Association?___________________________________

LOANED EQUIPMENT

During your appointments, we may find a device that works well for you. Through the generosity of many individuals, we are able to provide equipment for consumers to try outside of the Vision Forward Association. The ability to work with equipment in environments outside the Vision Forward Association is an important component of our services. The success of our future clients is dependent upon having equipment available for loan. Therefore, it is critical that you return any loaned equipment to us. Loaned equipment must be returned by your last appointment. If loaned equipment is not returned in similar working condition by that time, you are responsible for the cost of that item. An invoice will be sent to you and payment will be due immediately.

Signature _______________________________________ Date _________________