Retinal Diagnostic Center

□ 3395 S. Bascom Ave, Ste. 140 Campbell, CA 95008 Ph. (408) 559-0666 Fax (408) 377-0811
□ 200 Jose Figueres Ave, Ste. 240 San Jose, CA 95116 Ph. (408) 937-0928 Fax (408) 254-8954
□ 1663 Dominican Way, Ste. 110-A Santa Cruz, CA, 95065 Ph. (831) 476-5888 Fax (831) 476-5563

□ 65 Nielson St., Ste. 115 Watsonville, CA 95076 Ph. (831) 724-2626 Fax (831) 724-2676
□ 123 DiSalvo Avenue, Ste. E, San Jose, CA 95128 Ph. (408) 418-2200 Fax (408) 418-2205
□ 8833 Monterey Road, Suite D, Gilroy, CA 95020 Ph. (669) 500-4955 Fax (669) 500-4956
□ 3301 El Camino Real, Suite 101 Atherton, CA 94027 Ph. (650) 257-3861 Fax (650) 562-7843

Diseases & Surgery of the Retina, Macula, & Vitreous Patrick Monahan, M.D. Howard Chen, M.D. Amr Dessouki, M.D. Clement Chow, M.D.
www.retinaldiagnostic.com Lingmin He, M.D., M.S. Hua Gao, M.D., Ph.D. Erin B. Lally, M.D.

PATIENT INFORMATION

PATIENT NAME:

_____ _____ _____
LAST FIRST MIDDLE

ADDRESS: _____

ZIP CODE: _____ **CITY:** _____ **STATE:** _____

HOME PHONE #: _____ **WORK PHONE #:** _____

DATE OF BIRTH: _____ **SOCIAL SECURITY NUMBER:** _____

MARITAL STATUS: (circle one) SINGLE MARRIED DIVORCED WIDOWED OTHER

PATIENT RELATIONSHIP TO THE RESPONSIBLE PARTY: (circle one)

SELF SPOUSE CHILD OTHER

SEX: (circle one) FEMALE MALE

PRIMARY CARE PHYSICIAN: _____ **REFERRED BY:** _____

ACCIDENT INFORMATION:
DATE OF ACCIDENT:_____ **WORK RELATED:** _____ **AUTO:** _____ **OTHER:**

RESPONSIBLE (OR INSURED) PARTY INFORMATION

RESP. PARTY NAME: _____ _____
_____
LAST FIRST MIDDLE

ADDRESS: _____

ZIP CODE: _____ **CITY:** _____ **STATE:** _____

HOME PHONE #: _____ **WORK PHONE #:** _____

DATE OF BIRTH: _____ **SOCIAL SECURITY NUMBER:** _____

Retinal Diagnostic Center

□ 3395 S. Bascom Ave, Ste. 140 Campbell, CA 95008 Ph. (408) 559-0666 Fax (408) 377-0811
□ 200 Jose Figueres Ave, Ste. 240 San Jose, CA 95116 Ph. (408) 937-0928 Fax (408) 254-8954
□ 1663 Dominican Way, Ste. 110-A Santa Cruz, CA 95065 Ph. (831) 476-5888 Fax (831) 476-5563

□ 65 Nielson St., Ste. 115 Watsonville, CA 95076 Ph. (831) 724-2626 Fax (831) 724-2676
□ 123 DiSalvo Avenue, Ste. E, San Jose, CA 95128 Ph. (408) 418-2200 Fax (408) 418-2205
□ 8833 Monterey Road, Suite D, Gilroy, CA 95020 Ph. (669) 500-4955 Fax (669) 500-4956
□ 3301 El Camino Real, Suite 101 Atherton, CA 94027 Ph. (650) 257-3861 Fax (650) 562-7843

Diseases & Surgery of the Retina, Macula, & Vitreous Patrick Monahan, M.D. Howard Chen, M.D. Amr Dessouki, M.D. Clement Chow, M.D.
www.retinaldiagnostic.com Lingmin He, M.D., M.S. Hua Gao, M.D., Ph.D. Erin B. Lally, M.D.

INSURANCE INFORMATION

PRIMARY INSURANCE COMPANY: _____

CONTRACT (ID#) NUMBER: _____

SUBSCRIBER'S NAME: _____

PATIENT RELATIONSHIP TO SUBSCRIBER: (circle one) SELF SPOUSE CHILD OTHER

GROUP NAME: _____ **GROUP NUMBER:** _____

Retinal Diagnostic Center

□ 3395 S. Bascom Ave, Ste. 140 Campbell, CA 95008 Ph. (408) 559-0666 Fax (408) 377-0811
□ 200 Jose Figueres Ave, Ste. 240 San Jose, CA 95116 Ph. (408) 937-0928 Fax (408) 254-8954
□ 1663 Dominican Way, Ste. 110-A Santa Cruz, CA 95065 Ph. (831) 476-5888 Fax (831) 476-5563
□ 65 Nielson St., Ste. 115 Watsonville, CA 95076 Ph. (831) 724-2626 Fax (831) 724-2676
□ 123 DiSalvo Avenue, Ste. E, San Jose, CA 95128 Ph. (408) 418-2200 Fax (408) 418-2205
□ 8833 Monterey Road, Suite D, Gilroy, CA 95020 Ph. (669) 500-4955 Fax (669) 500-4956
□ 3301 El Camino Real, Suite 101 Atherton, CA 94027 Ph. (650) 257-3861 Fax (650) 562-7843

Diseases & Surgery of the Retina, Macula, & Vitreous Patrick Monahan, M.D. Howard Chen, M.D. Amr Dessouki, M.D. Clement Chow, M.D.
www.retinaldiagnostic.com Lingmin He, M.D., M.S. Hua Gao, M.D., Ph.D. Erin B. Lally, M.D.

PATIENT MEDICAL HISTORY INFORMATION FORM

Patient Name: _____ **Date:** _____

Email Address: _____

Please check appropriate box if you have history of:

- □ Diabetes
- □ High Blood Pressure
- □ Heart Disease
- □ Thyroid Disease
- □ Abnormal Bleeding
- □ Cancer
- □ High Cholesterol
- □ Stroke
- □ Asthma
- □ Allergies
- □ Prematurity at birth
- □ Other Eye Problems: _____
  _____
- □ Emphysema
- □ Migraine Headaches
- □ Smoking
- □ Macular Degeneration
- □ Cataracts
- □ Glaucoma
- □ Retinal Detachment
- □ High Myopia
- □ Lazy Eye, Stabismus/Amblyopia
- □ Eye Surgery

Family Eye Problems:

- □ Glaucoma
- □ Retinal Detachment
- □ Macular Degeneration
- □ Retinitis Pigmentosa
- □ High Myopia
- □ Other: _____

Please list all current medications: _____

_____

Are you allergic to any medication? □ Yes □ No
If yes, what medications: _____

_____

What is the name and address of your preferred pharmacy:

_____

Retinal Diagnostic Center

□ 3395 S. Bascom Ave, Ste. 140 Campbell, CA 95008 Ph. (408) 559-0666 Fax (408) 377-0811
□ 200 Jose Figueres Ave, Ste. 240 San Jose, CA 95116 Ph. (408) 937-0928 Fax (408) 254-8954
□ 1663 Dominican Way, Ste. 110-A Santa Cruz, CA 95065 Ph. (831) 476-5888 Fax (831) 476-5563
□ 65 Nielson St., Ste. 115 Watsonville, CA 95076 Ph. (831) 724-2626 Fax (831) 724-2676
□ 123 DiSalvo Avenue, Ste. E, San Jose, CA 95128 Ph. (408) 418-2200 Fax (408) 418-2205
□ 8833 Monterey Road, Suite D, Gilroy, CA 95020 Ph. (669) 500-4955 Fax (669) 500-4956
□ 3301 El Camino Real, Suite 101 Atherton, CA 94027 Ph. (650) 257-3861 Fax (650) 562-7843

Diseases & Surgery of the Retina, Macula, & Vitreous Patrick Monahan, M.D. Howard Chen, M.D. Amr Dessouki, M.D. Clement Chow, M.D.
www.retinaldiagnostic.com Lingmin He, M.D., M.S. Hua Gao, M.D., Ph.D. Erin B. Lally, M.D.

What is the name and phone number of your primary care doctor?

_____

What is the name and phone number of your referring doctor ?

_____

In case of an emergency, who should we call? Please list name, relationship and phone number:

_____

_____

Retinal Diagnostic Center

□ 3395 S. Bascom Ave, Ste. 140 Campbell, CA 95008 Ph. (408) 559-0666 Fax (408) 377-0811
□ 200 Jose Figueres Ave, Ste. 240 San Jose, CA 95116 Ph. (408) 937-0928 Fax (408) 254-8954
□ 1663 Dominican Way, Ste. 110-A Santa Cruz, CA 95065 Ph. (831) 476-5888 Fax (831) 476-5563
□ 65 Nielson St., Ste. 115 Watsonville, CA 95076 Ph. (831) 724-2626 Fax (831) 724-2676
□ 123 DiSalvo Avenue, Ste. E, San Jose, CA 95128 Ph. (408) 418-2200 Fax (408) 418-2205
□ 8833 Monterey Road, Suite D, Gilroy, CA 95020 Ph. (669) 500-4955 Fax (669) 500-4956
□ 3301 El Camino Real, Suite 101 Atherton, CA 94027 Ph. (650) 257-3861 Fax (650) 562-7843

Diseases & Surgery of the Retina, Macula, & Vitreous Patrick Monahan, M.D. Howard Chen, M.D. Amr Dessouki, M.D. Clement Chow, M.D.
www.retinaldiagnostic.com Lingmin He, M.D., M.S. Hua Gao, M.D., Ph.D. Erin B. Lally, M.D.

State of California Patient Questionnaire

The California Health and Safety Code (Section 128737) requires that we collect the following information for the Office of Statewide Health Planning and Development. In compliance with this code, we ask that you please complete the following questionnaire.

Patient Name: _____ **Date:** _____

Gender: ☐ Male ☐ Female

Language: _____

Marital Status: _____

(Please circle One)

Ethnicity: African American - American Indian/Alaskan Native - Asian - Asian Indian - British -

Cambodian - Caucasian - Central American - Filipino - French - Hispanic or Latino - Korean - Pacific

Islander - Non Hispanic or Non Latino - Other: _____

Decline to State

Race: African American - American Indian/Alaskan Native - Caucasian - Hispanic Latino - Hawaiian or

Other Pacific Islander - Unknown - Other: _____

Decline to State

Retinal Diagnostic Center

□ 3395 S. Bascom Ave, Ste. 140 Campbell, CA 95008 Ph. (408) 559-0666 Fax (408) 377-0811
□ 200 Jose Figueres Ave, Ste. 240 San Jose, CA 95116 Ph. (408) 937-0928 Fax (408) 254-8954
□ 1663 Dominican Way, Ste. 110-A Santa Cruz, CA 95065 Ph. (831) 476-5888 Fax (831) 476-5563
□ 65 Nielson St., Ste. 115 Watsonville, CA 95076 Ph. (831) 724-2626 Fax (831) 724-2676
□ 123 DiSalvo Avenue, Ste. E, San Jose, CA 95128 Ph. (408) 418-2200 Fax (408) 418-2205
□ 8833 Monterey Road, Suite D, Gilroy, CA 95020 Ph. (669) 500-4955 Fax (669) 500-4956
□ 3301 El Camino Real, Suite 101 Atherton, CA 94027 Ph. (650) 257-3861 Fax (650) 562-7843

Diseases & Surgery of the Retina, Macula, & Vitreous Patrick Monahan, M.D. Howard Chen, M.D. Amr Dessouki, M.D. Clement Chow, M.D.
www.retinaldiagnostic.com Lingmin He, M.D., M.S. Hua Gao, M.D., Ph.D. Erin B. Lally, M.D.

HIPAA Privacy Rule of Patient Authorization Agreement

Authorization for the Disclosure of Protected Health Information for Treatment, Payment, or Healthcare Operations (§164.508(a))

I understand that as part of my healthcare, this Practice originates and maintains health records describing my health history, symptoms, examination and test results, diagnosis, treatment, and any plans for future care or treatment. I understand that this information serves as:

- a basis for planning my care and treatment;
- a means of communication among the health professionals who may contribute to my health care;
- a source of information for applying my diagnosis and surgical information to my bill;
- a means by which a third-party payer can verify that services billed were actually provided;
- a tool for routine health care operations such as assessing quality and reviewing the competence of health care professionals.

I have been provided with a copy of the ***Notice of Privacy Practices*** that provides a more complete description of information uses and disclosures.

I understand that as part of my care and treatment it may be necessary to provide my Protected Health Information to another covered entity. I have the right to review this Practice's notice prior to signing this authorization. I authorize the disclosure of my Protected Health Information as specified below for the purposes and to the parties designated by me.

Privacy Rule of Patient Consent Agreement

Consent to the Use and Disclosure of Protected Health Information for Treatment, Payment, or Healthcare Operations (§164.506(a))

I understand that:

- I have the right to review this Practice's Notice of Information practices prior to signing this consent;
- that this Practice reserves the right to change the notice and practices and that prior to implementation will mail a copy of any notice to the address I've provided, if requested;
- I have the right to object to the use of my health information for directory purposes;

Retinal Diagnostic Center

□ 3395 S. Bascom Ave, Ste. 140 Campbell, CA 95008 Ph. (408) 559-0666 Fax (408) 377-0811
□ 200 Jose Figueres Ave, Ste. 240 San Jose, CA 95116 Ph. (408) 937-0928 Fax (408) 254-8954
□ 1663 Dominican Way, Ste. 110-A Santa Cruz, CA 95065 Ph. (831) 476-5888 Fax (831) 476-5563
□ 65 Nielson St., Ste. 115 Watsonville, CA 95076 Ph. (831) 724-2626 Fax (831) 724-2676
□ 123 DiSalvo Avenue, Ste. E, San Jose, CA 95128 Ph. (408) 418-2200 Fax (408) 418-2205
□ 8833 Monterey Road, Suite D, Gilroy, CA 95020 Ph. (669) 500-4955 Fax (669) 500-4956
□ 3301 El Camino Real, Suite 101 Atherton, CA 94027 Ph. (650) 257-3861 Fax (650) 562-7843

Diseases & Surgery of the Retina, Macula, & Vitreous Patrick Monahan, M.D. Howard Chen, M.D. Amr Dessouki, M.D. Clement Chow, M.D.
www.retinaldiagnostic.com Lingmin He, M.D., M.S. Hua Gao, M.D., Ph.D. Erin B. Lally, M.D.

- I have the right to request restrictions as to how my Protected Health Information may be used or disclosed to carry out treatment, payment, or healthcare operations, and that this Practice is not required by law to agree to the restrictions requested;
- I may revoke this consent in writing at any time, except to the extent that this Practice has already taken action in reliance thereon.

_____

Signature of Patient or Legal Representative Witness:

Patient Name: _____

Retinal Diagnostic Center

□ 3395 S. Bascom Ave, Ste. 140 Campbell, CA 95008 Ph. (408) 559-0666 Fax (408) 377-0811
□ 200 Jose Figueres Ave, Ste. 240 San Jose, CA 95116 Ph. (408) 937-0928 Fax (408) 254-8954
□ 1663 Dominican Way, Ste. 110-A Santa Cruz, CA 95065 Ph. (831) 476-5888 Fax (831) 476-5563
□ 65 Nielson St., Ste. 115 Watsonville, CA 95076 Ph. (831) 724-2626 Fax (831) 724-2676
□ 123 DiSalvo Avenue, Ste. E, San Jose, CA 95128 Ph. (408) 418-2200 Fax (408) 418-2205
□ 8833 Monterey Road, Suite D, Gilroy, CA 95020 Ph. (669) 500-4955 Fax (669) 500-4956
□ 3301 El Camino Real, Suite 101 Atherton, CA 94027 Ph. (650) 257-3861 Fax (650) 562-7843

Diseases & Surgery of the Retina, Macula, & Vitreous Patrick Monahan, M.D. Howard Chen, M.D. Amr Dessouki, M.D. Clement Chow, M.D.
www.retinaldiagnostic.com Lingmin He, M.D., M.S. Hua Gao, M.D., Ph.D. Erin B. Lally, M.D.

Patient Consent for Use and Disclosure of Protected Health Information

I hereby give my consent for Retinal Diagnostic Center (the Practice) to use and disclose my protected health information (PHI) to perform treatment, payment and health care operations (TPO).

With this consent, the Practice may call me or email me to my home or other alternative location and leave a message by voice, email or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and anything pertaining to my clinical care, including laboratory test results.

With this consent, the Practice may mail to my home or other alternative location any items that assist the practice in performing TPO, such as appointment reminder cards, patient statements and anything pertaining to my clinical care as long as they are marked “Personal and Confidential.”

By signing this form, I am consenting to allow the Practice to use and disclose my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the Practice has already made disclosures upon my prior consent. If I do not sign this consent, or later revoke it, the Practice may decline to provide treatment to me.

_____
Signature of Patient or Legal Guardian

Patient Name: _____

Retinal Diagnostic Center

□ 3395 S. Bascom Ave, Ste. 140 Campbell, CA 95008 Ph. (408) 559-0666 Fax (408) 377-0811
□ 200 Jose Figueres Ave, Ste. 240 San Jose, CA 95116 Ph. (408) 937-0928 Fax (408) 254-8954
□ 1663 Dominican Way, Ste. 110-A Santa Cruz, CA 95065 Ph. (831) 476-5888 Fax (831) 476-5563
□ 65 Nielson St., Ste. 115 Watsonville, CA 95076 Ph. (831) 724-2626 Fax (831) 724-2676
□ 123 DiSalvo Avenue, Ste. E, San Jose, CA 95128 Ph. (408) 418-2200 Fax (408) 418-2205
□ 8833 Monterey Road, Suite D, Gilroy, CA 95020 Ph. (669) 500-4955 Fax (669) 500-4956
□ 3301 El Camino Real, Suite 101 Atherton, CA 94027 Ph. (650) 257-3861 Fax (650) 562-7843

Diseases & Surgery of the Retina, Macula, & Vitreous Patrick Monahan, M.D. Howard Chen, M.D. Amr Dessouki, M.D. Clement Chow, M.D.
www.retinaldiagnostic.com Lingmin He, M.D., M.S. Hua Gao, M.D., Ph.D. Erin B. Lally, M.D.

Consent to Obtain Patient Medication History

Patient medication history is a list of prescriptions that healthcare providers have prescribed for you. A variety of sources, including pharmacies and health insurers, contribute to the collection of this history.

The collected information is stored in the practice electronic medical record system and becomes part of your personal medical record. Medication history is very important in helping providers treat your symptoms and/or illness properly and avoid potentially dangerous drug interactions.

It is very important that you and your provider discuss all your medications in order to ensure that your recorded medication history is 100% accurate. Some pharmacies do not make prescription history information available, and your medication history might not include drugs purchased without using your health insurance.

Also over-the-counter drugs, supplements, or herbal remedies that you take on your own may not be included.

I give my permission to allow my healthcare provider to obtain my medication history from my pharmacy, my health plans, and my other healthcare providers.

_____

Signature of Patient or Legal Guardian

Patient Name: _____

By signing this consent form you are giving your healthcare provider permission to collect and share your pharmacy and your health insurer information about your prescriptions that have been filled at any pharmacy or covered by any health insurance plan. This includes prescription medicines to treat AIDS/HIV and medicines used to treat mental health issues such as depression.

Retinal Diagnostic Center

□ 3395 S. Bascom Ave, Ste. 140 Campbell, CA 95008 Ph. (408) 559-0666 Fax (408) 377-0811
□ 200 Jose Figueres Ave, Ste. 240 San Jose, CA 95116 Ph. (408) 937-0928 Fax (408) 254-8954
□ 1663 Dominican Way, Ste. 110-A Santa Cruz, CA 95065 Ph. (831) 476-5888 Fax (831) 476-5563
□ 65 Nielson St., Ste. 115 Watsonville, CA 95076 Ph. (831) 724-2626 Fax (831) 724-2676
□ 123 DiSalvo Avenue, Ste. E, San Jose, CA 95128 Ph. (408) 418-2200 Fax (408) 418-2205
□ 8833 Monterey Road, Suite D, Gilroy, CA 95020 Ph. (669) 500-4955 Fax (669) 500-4956
□ 3301 El Camino Real, Suite 101 Atherton, CA 94027 Ph. (650) 257-3861 Fax (650) 562-7843

Diseases & Surgery of the Retina, Macula, & Vitreous Patrick Monahan, M.D. Howard Chen, M.D. Amr Dessouki, M.D. Clement Chow, M.D.
www.retinaldiagnostic.com Lingmin He, M.D., M.S. Hua Gao, M.D., Ph.D. Erin B. Lally, M.D.

COVID 19 Screening

Patient Name: _____ **Date:** _____

Have you recently traveled outside of the United States?

□ No □ Yes

If yes, what date did you return to the United States?

_____

Have you tested positive for COVID-19?

□ No □ Yes

If yes, what date did you test positive?

_____

Please check appropriate box for any symptoms you are currently experiencing?

□ Cough, Productive (sputum)
□ Cough, Non-Productive (dry)
□ Chest Pain with Coughing
□ Difficulty breathing
□ Shortness of Breath
□ Diarrhea
□ Fever
□ Headache
□ Nasal Drainage
□ Nausea or Vomiting
□ Red, Watery Eyes
□ Sneezing
□ Sore Throat
□ Weakness or Severe Fatigue