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COLUMBIA EYE CONSULTANTS  
**OPTOMETRY**  
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Welcome to Our Practice

Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_  
Name: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Email: \_\_\_\_\_ Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Guardian (If Applicable): \_\_\_\_\_ Last Eye Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Medical Doctor: \_\_\_\_\_  
Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about our practice:  Recommended by friend or family \_\_\_\_\_  
 Your insurance Provider List  Referral from your doctor \_\_\_\_\_  
 Internet / Our website  Phone book  Other \_\_\_\_\_

We are providers for Medicare, Missouri Medicaid, Essence, Cigna, Blue Cross/Blue Shield, Vision Care Direct, UMR, United Healthcare, Coventry, Humana, VSP, EyeMed, Delta Vision, Advantica and Healthlink. If you have other insurance, we will provide you with an itemized receipt on the day of your examination that you may file with your insurance company. If you do not have one of the plans we accept, payment is requested on the day services are rendered.

Insurance Carrier: \_\_\_\_\_ (the staff will need to make a copy of your insurance card)

**MEDICAL HISTORY**

List the medications you take (including oral contraceptives, aspirin, over the counter medications and home remedies):  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies to medications?  no  yes If yes, explain: \_\_\_\_\_

List all major surgeries, injuries and/or hospitalizations you have had: \_\_\_\_\_

Circle any of the following that you have had:      crossed eyes      lazy eye      glaucoma      retinal disease      cataracts  
eye infections      eye injury      eye surgery

Are you pregnant and/or nursing?  no  yes  
Do you wear glasses?  no  yes If yes, how old are you current lenses? \_\_\_\_\_  
Do you wear contact lenses?  no  yes  
If yes, are they:  soft disposable       Rigid gas permeable       Hybrid       Other  
Have you had vision surgery?  no  yes If yes, which? LASIK      PRK      RK      Lens implants      OTHER

