

Thank you for your attention and personal initiative in providing FPO with essential information for the management of your eye care and the well being of your vision.

Please be advised: This is a very simple process.

Before you start we should like to give you a few pointers:

1. If you are a new patient, please **complete and print** all of the forms within this section.
2. You may complete/enter the form on-line, however, this information will not be saved. Please be advised, once you leave a particular form, the information is erased. The website **does not** keep a temporary copy.
3. Once your forms are completed, please print a copy and sign your printed documents. **Your signature is required.**
4. The system does provide a spell-check, unrecognized words will be underlined in red.
5. If you would prefer to complete the form by hand, you may print the documents and complete them manually.
6. If you do not have a printer, may we suggest the local library? The set of documents includes 7 pages:
 - a. Patient Demographic and Medical History – 4 pgs
 - b. Present Medication – 1 pg
 - c. New Patient Appt. Confirmation – 1 pg
 - d. HIPAA Acknowledgement – 1 pg

Completing the forms:

1. [Patient Demographic and Medical History Forms](#) - This form identifies your contact information, insurance coverage, referral notice, participating physician and medical history. Please have this information handy when completing this form. Our practice is HIPAA compliant, all of your information is considered confidential.
2. [Present Medication](#) – It is essential for us to be aware of the medication you are taking, including vitamins, nutritional supplements, and most especially, **eye drops**. Please be aware of the correct medical name, dosage, and frequency of the medication which is being taken.
3. [New Patient Appointment Confirmation](#) – This form allows you to note the date of your appointment and will prepare you for your visit. It defines our policy and procedures regarding: referrals, pupillary dilation, appointment changes, payment protocols, and office hours. At a minimum, please read this form to familiarize yourself with our policy and procedures.
4. [HIPAA Acknowledgement](#) – If you would like someone else to be informed of your medical condition please complete this form, it will require your signature.

Assistance:

If you need any assistance in completing these forms please call 516-616-1710