Cataract & Vision Center of Hawaii

Patient Information

Last Name: _____ First Name: _____ MI: _____

DOB: _____ SS#: _____

❑ Male ❑ Female ❑ Married ❑ Single

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Mobile Phone: _____

Email: _____ Occupation: _____

Employer: _____ Work Phone: _____

How did you find out about us? (Google, Friend, Family, PCP, Other) _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Primary Insurance: _____

Subscriber/DOB: _____ Member ID: _____

Secondary Insurance: _____

Subscriber/DOB: _____ Member ID: _____

Please designate individual(s) authorized to receive information about your care. As part of our privacy practices, your health information can only be disclosed to individuals authorized below.

Authorized for Release of Information: _____

Relationship: _____ Phone: _____

Authorized for Release of Information: _____

Relationship: _____ Phone: _____

Consent to Treatment and Message Communications

This consent provides your permission for us to perform reasonable and necessary medical examinations, testing and treatment. By signing below, you are indicating that (1) this consent is continuing in nature, and (2) you consent to treatment, testing and/or examination at this office. In addition, you consent to being contacted via SMS, phone, and/or email for appointment reminders, requesting feedback and other healthcare communications as recommended by your provider. You may opt out of text and email notifications by notifying our staff. This consent will remain fully effective until it is revoked in writing or if there is a change in the information provided. You have the right to discontinue services at any time.

No Show and Cancellation Policy

We strive to provide excellent care in a timely manner and make every effort to maintain your appointment times. Cancellations within 24 hours or not showing up to your appointment is subject to a **$25.00** cancellation/no-show fee.

Patient or Representative Signature: _____ Date: _____