

Dr. Steve R. Sickbert OD  
 Dr. Lyle W. Amrhein OD  
**Sickbert Family Eyecare**  
 620 E 11<sup>th</sup> Street  
 Rushville, IN 46173  
 765.932.5553

Date:		Home Phone:	
Patient:			
Street Address:			
City:		State:	Zip Code:
Sex: M F	Birthdate:		Social Security #:
Age:			
Single	Married	Widowed	Divorced Separated
Patient Employed by:		Phone:	
Business Address:			
Occupation:			
Spouse (or responsible party):		Birthdate:	
Social Security #			
Business Name:		Phone:	
Business Address:			
Occupation:			
Preferred Pharmacy:		Phone:	
In case of emergency, notify:			
Do you have known allergies?			
Does anyone in your family have:		Diabetes	Yes / No Relationship:
		Tuberculosis	Yes / No Relationship:
		Glaucoma	Yes / No Relationship:
		Cataracts	Yes / No Relationship:
Are you troubled with frequent headaches (more than one headache per week)?			
Have you ever had an eye injury?			
Have you ever had eye surgery?			
<b>HIPAA...I have received a copy of the privacy notice.</b>			
Patient (print name):			
Patient (signature):		Date:	