

The **Eye Specialists** of Atchison, LLC  
Telephone # 913-367-4451

Andrea Bock-Kunz, MD

Sara Petska, OD

**Personal Information**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Birth State \_\_\_\_\_

Address \_\_\_\_\_ SSN \_\_\_\_\_

Email Address \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Telephone #'s (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Marital Status \_\_\_\_\_ Primary Language \_\_\_\_\_ Race \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Name of family doctor & date of last visit \_\_\_\_\_

Emergency contact/telephone number \_\_\_\_\_

Insurance to be billed \_\_\_\_\_

Responsible Party \_\_\_\_\_ Referral Source \_\_\_\_\_

**Eye Care History**

Do you wear glasses or contact lenses? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had an eye injury? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

Please list all previous EYE surgeries:

Procedure(s) \_\_\_\_\_ Date(s) \_\_\_\_\_

**Medical History**

Please list current medications and reason for taking

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Allergies to Medications \_\_\_\_\_ Date of Last Tetanus Shot \_\_\_\_\_

(over, please)