

**Vision Source- Rapid City**  
**Dwayne R. Ice, O.D.**  
**825 Columbus St, Ste E**  
**Rapid City, SD 57701**  
**605-343-4703**  
**www.visionsource-rapidcity.com**

**Welcome To Our Office!**

*Please complete the following form as thoroughly as possible. The information in this confidential case history form is critical to the evaluation of your vision and health.*

Date: \_\_\_\_\_

**Patient Information**

Last: \_\_\_\_\_

First: \_\_\_\_\_ MI: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**How do you prefer to be contacted?**

(Indicate #1 and #2 preference):

Home # \_\_\_ Work # \_\_\_ Cell # \_\_\_ Text \_\_\_ Email \_\_\_

Patient's SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: M F

Employer (or School): \_\_\_\_\_

Occupation (or Grade): \_\_\_\_\_

Spouse (or Parent's Name): \_\_\_\_\_

Spouse (or Parent's Work): \_\_\_\_\_

**If not referred, how did you choose our office?**

- Friend or Relative
- Another Doctor
- Insurance List
- Saw Sign/Building
- Newspaper/Radio/TV
- Yellow Pages: Which directory? \_\_\_\_\_
- Online Search. If yes, where did you find us? \_\_\_\_\_
- Other: \_\_\_\_\_

**Insurance Information**

Vision Insurance: \_\_\_\_\_

Primary Medical Insurance: \_\_\_\_\_

Secondary Medical Insurance: \_\_\_\_\_

**RESPONSIBLE PARTY**

The responsible party listed below will be financially responsible for the account. Their signature is required prior to appointment.

\_\_\_\_\_  
Print (Last, First) Date

\_\_\_\_\_  
Signature Date

**Do you participate in a flex spending account?**

- Yes
- No

**Lifestyle Questions**

**Do you...(check all that apply):**

- ...use digital devices on a regular basis? If yes, how many hours per day? \_\_\_\_\_hrs/day
- ...think you might benefit from thinner, lighter lenses?
- ...prefer NOT to wear glasses at times?
- ...spend time outdoors? How often? \_\_\_\_\_hrs/week
- ...participate in vision-related sports or other activities? If

yes, please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_