

# Annual Patient Update Form

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## HISTORY

Have there been any changes to your medical history since your last visit?  Yes  No

If yes, please list all changes:

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Have there been any changes to your eye history since your last visit?  Yes  No

If yes, please list all changes (including new glasses or contacts):

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**Tobacco Use?**  Yes  No

**Do you drink Alcohol?**  Yes  No

If YES, How Much? \_\_\_\_\_  
(Includes Smoking, Chew, Vape)

If YES, How Much? \_\_\_\_\_

**Have you had the Pneumococcal (Pneumonia) Vaccine?**

Yes  No If YES, When? \_\_\_\_\_

## E-PRESCRIBING / MEDICATION HISTORY CONSENT FORM

The providers at Vision Eye Group use an electronic medical record system that allows electronic prescribing of medications. Prescriptions are sent to your pharmacy through a secure connection which improves the accuracy and timely transmission of your medical information. E-Prescribing greatly reduces medication errors and enhances patient safety.

There are several standards that must be included in an e-prescription program.

These include:

1. Formulary and benefit transactions: Gives the prescriber information about which drugs are covered by the drug benefit plan.
2. Medication history transaction: Provides the physician with information about previous and current medications the patient is taking to minimize the number of adverse drug reactions.
3. Fill status notification: Allows the prescriber to receive an electronic notice from the pharmacy telling them if the patient's prescription has been picked up or partially filled.

My signature certifies that I have read and understood the scope of my consent and that I authorize the access of my medication history.

\_\_\_\_\_  
Patient (or person authorized to sign patient)

\_\_\_\_\_  
Date