Campus Eye Center

www.campuseyectr.com
2108 Harrisburg Pike, Suite 100
Lancaster, PA 17601
Phone: 717-974-9661
Fax: 717-974-9676

222 Willow Lakes Drive
Willow Street, PA 17584
Phone: 717-464-4333
Fax: 717-464-4933

Diplomates of the American Boards of Ophthalmology and Optometry
Kerry T. Givens, MD
David W. Williams, MD
Lee A. Klombers, MD
Olga M. Womer, OD
Lisa J. Kott, OD

NEW PATIENT INTAKE FORM

Today's Date: ________________ Urgent (within 2 weeks) / First Available **(circle one)**

PATIENT INFORMATION

Last Name: ____________________ **First Name:** _____________________ **Middle:** ______________

Salutation: (circle one) Mr. / Mrs. / Ms. / Miss **Sex:** Male / Female / Other **(circle one)**

Marital status: (circle one) Single / Married / Divorced / Separated / Widowed

Home #: (___)________________ **Cell #:** (___)______________ **Work #:** (___)_______________

Date of Birth: ____/____/______ **Age:** ______ **SS#:** ____/ __ /________ **Email:**__________________________

Street Address: ______________________________________ **P.O. Box:** _____

City: __________________ **State:** __________ **ZIP code:** __________ **Physician: Lee A. Klombers, M.D.**

Referred by: _______________________ **Phone #:** ______________ **Fax #:** _________________

Reason for referral: ____

INSURANCE INFORMATION

Primary: _______________________ **Policy #:**_____________ **Group #:**________ **Co-pay:**_______

Subscriber Name: _______________________ **Subscriber Date of Birth:** _____________

Secondary (if applicable): _______________________**Policy #:** _____________ **Group #:**________

Subscriber Name: _______________________ **Subscriber Date of Birth:** _____________

PLEASE FAX RECORDS TO: (717) 974-9676

_____ Letter of referral _____ Copy of Photoscreening _____ Medication list _____ 2 most recent office notes

_____ Last 2 lab results (within 1 year) _____ MRI / CT scans _____ Angiogram/Arteriogram brain, orbits, neck

_____ Visual fields _____ Color OCT's (**Please mail or email to: smcglinchey@campuseyectr.com**)

_____ Insurance cards (front and back) **We DO NOT TAKE ANY MEDICAID PLANS,** United HealthCare Or Highmark Community Blue HMO

Returned Phone Call w/ Appt info?

YES _____ NO _____

Updated 7.21.22