



# COLORADO EYE CONSULTANTS

COMPASSION • EXCELLENCE • CLARITY

## Patient Intake Form

Please answer the following questions so we can be compliant at our practice. Thank you.

Name \_\_\_\_\_

Date \_\_\_\_\_

In the event you are unable to make your own medical decisions,  
do you have a health care proxy?

YES or NO

If so, what is your health care proxy's name? \_\_\_\_\_

Have you ever received the pneumonia vaccine?

YES or NO