

## Welcome to Our Office

*This information will allow us to begin the process that ensures your eye health and vision remain at their best, and that your health and lifestyle needs are met. Thank you for your help.*

Miss  
Mrs.  
Name Ms. \_\_\_\_\_  
Mr. Last First Middle Nickname/Preferred  
Dr.  
Rev.

Address \_\_\_\_\_  
Street or P.O. Box City State Zip

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_-\_\_\_\_-\_\_\_\_ Email \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Best way to contact  phone (cell, home, work)  email  text  other \_\_\_\_\_

Phone Numbers cell (\_\_\_\_) \_\_\_\_-\_\_\_\_ home (\_\_\_\_) \_\_\_\_-\_\_\_\_ work (\_\_\_\_) \_\_\_\_-\_\_\_\_

Employer \_\_\_\_\_ Family Doctor \_\_\_\_\_

Preferred Pharmacy \_\_\_\_\_ Location \_\_\_\_\_

Name of Insurance (vision) \_\_\_\_\_ (medical) \_\_\_\_\_

Primary Insured's name \_\_\_\_\_ Primary's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Insured's address \_\_\_\_\_

Relation to patient \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Employer \_\_\_\_\_

Reason for today's visit \_\_\_\_\_

Who may we thank for referring you? \_\_\_\_\_

*"I request that payment of benefits be made to me or the doctor for any services provided. I also authorize any holder of medical information about me to release to the carrier and its agents any information needed to determine these benefits or the benefits payable for related services."*

*"I understand that any services not covered by insurance and copays are due at time of service."*

*"I also acknowledge that I have had an opportunity to receive a copy of the Privacy Practices and Policies of this practice."*

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

### ***Some ethnic groups are more at risk for eye disease....***

Race \_\_\_\_\_ Ethnicity  Hispanic  Non-Hispanic/Latino  Decline to provide

Preferred language \_\_\_\_\_ Gender  Male  Female

### ***Optional....***

***Your occupation and lifestyle play an important role in determining your visual requirements.***

What hobbies or activities do you enjoy? \_\_\_\_\_

What special vision needs or problems do you have? (glare, night vision, work requirements, etc.) \_\_\_\_\_

### ***Digital Imaging (see information sheet for more details)***

I **do** want to have digital imaging

I **do not** want to have digital imaging

***Turn Over (Cont.)*** →