

Welcome to Our Office

Patient Information

Last Name: _____ First Name: _____ M.I.: _____

Home Address: _____ City: _____ Zip _____

Home Phone #: _____ Cell #: _____ Work #: _____ ext.: _____

Email: _____ Birth Date: ____ / ____ / ____ Sex: M or F

Social Security #: _____ Drivers License #: _____ State Issued: _____

Employer: _____ Occupation: _____

Marital Status: (please circle) Single / Married / Divorced / Separated / Widowed Title: Mr / Mrs / Miss / Master / Ms / Dr

Spouse's Name/ Guardian's Name (Parents' Name if Child): _____ Date of Birth: _____

Preferred Language: English or Spanish Preferred Communication: Email / Postal / Telephone

Race: American Indian/Asian/African American/Hispanic or Latino/Native Hawaiiin or Other Pacific Island/White

Ethnicity: Hispanic or Latino/Native Hawaiiin or Other Pacific Island/Not Hispanic or Latino

How did you hear about our office? (Friend, relative, yellow pages, insurance company, etc) _____

Financial Information

Is Medicare your primary insurance? Yes No Medicare #: _____

Primary Insurance Carrier: _____ Member Id #: _____

Name of Insured/Guarantor: _____ Relationship to Patient: _____

(Parents information if child is under 18 years of age even if pt has Healthy Families or Medi-cal)

Parent's Date of birth: _____ Drivers License #: _____ State Issued: ____ Social Security #: _____

SECONDARY Insurance Carrier: _____ Member Id #: _____

Will you be paying privately? Yes No

I authorize the release of any medical information necessary to provide the most beneficial and complete visual examination. I understand that I am financially responsible for all charges whether or not paid by insurance.

Payment is due at the time services are rendered.

Signature: _____ Date: _____

Examination

What is your main reason for coming to see us today? _____

Have you noticed any unusual symptoms that concern you? _____

Has your (or your child's) ability to do any activity been restricted because of vision problems? _____

Do you have any hobbies that require detail work up close? _____