

Welcome To Our Office

Welcome to . Thank you for choosing us for your eyecare needs. We are delighted to have you as a patient and appreciate the confidence you placed in us. Please take a moment to complete the following information. Any information we already have on file will appear on this form. Please review all completed areas to ensure that the information we have is current and accurate. If you have any questions, please do not hesitate to ask.

Mr. Miss Mrs. Ms.

Male Female

First Name (**LEGAL NAME**) MI Last Name Preferred Name

Street Address City State Zip

Social Security Number Date of Birth Home Phone - Include Area Code Work Phone

Email Address Spouse or Parent(s) Name Person Responsible for Account

Emergency Contact Emergency Phone

How were you referred to our office?

Phone Book School Advertisement Patient (Please Name) _____
 Insurance Listing Drive by Other _____ Doctor (Please Name) _____

PRIMARY INSURANCE INFORMATION

Name and Address of Primary Insurance Company City State Zip

M F _____
Insured's First Name MI Insured's Last Name

Insured's Identification Number Group Number Insured's Date of Birth Insured's Employer

Patient Relationship to Insured **Patient Status**
 Self Spouse Child Other Single Married Other
 Full Time Student Part Time Student Employed

SECONDARY INSURANCE INFORMATION

Name and Address of Secondary Insurance Company City State Zip

M F _____
Insured's First Name MI Insured's Last Name

Insured's Identification Number Group Number Insured's Date of Birth Insured's Employer

Patient Relationship to Insured
 Self Spouse Child Other

Please Read and Sign Below:

I hereby certify that the above listed information is correct and valid. I acknowledge that I am liable for any issues that may arise due to invalid information that I have provided. If patient is a minor child, I certify that I am the minor's legal guardian and have the legal right to authorize medical treatment (documentation may be required).

Signature Date

Name

PATIENT HISTORY AND INFORMATION