Eye Specialists

Patient Information

Patient Name _____
Last First Middle Initial

Address _____ **City** _____ **State** ____ **ZIP** _____

Home phone (___) _____ **Work phone** (___) _____ **Cell** (___) _____

SSN _ _ _ - _ _ - _ _ _ _ **Birth date** ___/___/_____ **Sex** ☐M ☐F
MM / DD / YYYY

Marital status ☐Minor ☐Single ☐Married ☐Divorced ☐Widowed ☐Separated

Race ☐American Indian or Alaskan Native ☐Asian ☐Black or African American
☐Native Hawiian or Pacific Islander ☐White or Cacausion ☐Other ☐Decline

Ethnicity ☐Hispanic/Latino ☐Not Hispanic/Latino ☐Other ☐Decline

E-mail address _____

Employer _____ **Occupation** _____

Employer Address _____ **Phone** (___) _____
(including city, state, and zip code)

Primary Care Physician _____ **Phone** (___) _____

Emergency contact person _____ **Phone** (___) _____

Whom may we thank for referring you? _____

Guarantor Information

Spouse/Father/Guardian(circle one) _____

Address _____ **City** _____ **State** ____ **ZIP** _____

Home phone (___) _____ **Work phone** (___) _____ **Cell** (___) _____

SSN _ _ _ - _ _ - _ _ _ _ **Birth date** ___/___/_____ **Sex** ☐M ☐F
MM / DD / YYYY

Marital status ☐Single ☐Married ☐Divorced ☐Widowed ☐Separated

Does this person carry the insurance for the patient listed above? ☐ Yes ☐ No

Employer _____ **Occupation** _____

Address _____ **City** _____ **State** ____ **ZIP** _____

Is this person a current patient in our office? ☐ Yes ☐ No

Spouse/Mother/Guardian(circle one) _____

Address _____ **City** _____ **State** ____ **ZIP** _____

Home phone (___) _____ **Work phone** (___) _____ **Cell** (___) _____

SSN _ _ _ - _ _ - _ _ _ _ **Birth date** ___/___/_____ **Sex** ☐M ☐F
MM / DD / YYYY

Marital status ☐Single ☐Married ☐Divorced ☐Widowed ☐Separated

Does this person carry the insurance for the patient listed above? ☐ Yes ☐ No

Employer _____ **Occupation** _____

Address _____ **City** _____ **State** ____ **ZIP** _____

Is this person a current patient in our office? ☐ Yes ☐ No

*****Co-Pays are collected at the time of your visit*****

Contact lens exams/fits have an additional fee, separate from the routine exam charge.