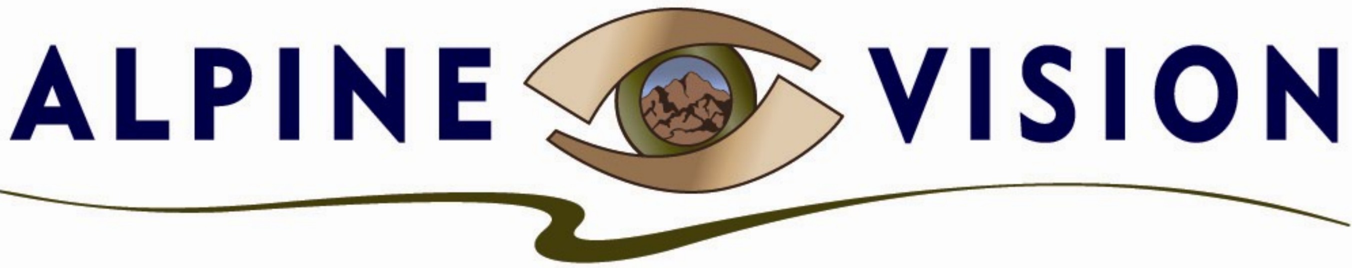

Patient Information (Confidential)

Patient Name ______________________________

Nickname ______________________________

Address ______________________________

City ________________ **State** ______ **Zip** ______

Patient SSN ______________________________

Patient D.O.B. _________/___________/__________

Patient's Gender ________ Male _________ Female

Email address ______________________________

Hobbies ______________________________

Primary Care Physician ______________________

Home Phone ( ) ________________________

Cell Phone ( ) ________________________

Work Phone ( ) ________________________

If minor, parent's name ______________________

Employer ______________________________

Occupation ______________________________

Referred By ______________________________

EMERGENCY Contact ______________________

Phone ___________ **Relationship** _____________

DO YOU HAVE MAJOR MEDICAL INSURANCE?

___ Yes___ No – (payment is expected in full today)

Name of Policyholder ________________________

Insurance Carrier ________________________

Insured's Birth Date ________________________

Insured's SSN ______________________________

Insured's Employer __________________________

Relationship to Patient ______________________

Effective Date _____ **Requires Referral?** __Yes __No

DO YOU HAVE SECONDARY MEDICAL INSURANCE?

___ *Yes* ___ *No* – (payment is expected in full today)

Name of Policyholder ________________________

Insurance Carrier ___________________________

Insured's Birth Date _________________________

Insured's SSN ______________________________

Insured's Employer __________________________

Relationship to Patient ______________________

Effective Date _____ **Requires Referral?** __Yes __No

Responsible Party

DO YOU HAVE VISION INSURANCE?

___ Yes ___ No

VSP _______ **EYEMED** ________ **SPECTERA**____

DAVIS _____ **TRICARE**_________ **OTHER** ______

Signature

I acknowledge that the above information is true. I have read and understand the Financial Policy & Patient Agreement on the second page.

Signed_________________________ **Date** __________