

WELCOME TO OUR OFFICE

PATIENT: _____ AGE: _____ BIRTHDATE: _____ SEX: F M
 (last) (first) (MI)

Prefer to be called: _____ Marital Status: S M Other If married, name of spouse: _____

Street Address: _____ Home Phone: () _____

City: _____ State: _____ Zip code: _____ Cell Phone: () _____

Employer / School: _____ Occupation / Grade: _____ Work Phone: () _____

Social Security Number: _____

If you are a minor, what are the names of your parents or guardians: _____

Person Responsible for Payment? Self Other: _____ Relationship to Patient: _____

Billing Address: See Address Above Other Address: _____

PLEASE LIST ANY FAMILY MEMBERS SEEN AT OUR OFFICE: _____

HOW DID YOU COME TO HEARING ABOUT OUR OFFICE? Friend/Relative, their name _____

Phone book Insurance List Advertisement School Drive by Reputation Another Doctor, their name _____

WHAT IS THE NATURE OF THIS APPOINTMENT: _____

INSURANCE INFORMATION

Medical Insurance: _____ **Vision** Insurance: _____

For Insurance purposes, are you: Employed Not Employed A Full-time Student

What is your Relationship to the Insured: Self Spouse Child Other _____

Whose employer provides this insurance? Mine Other: Fill out information below

Employee's Name: _____ Age: _____ Birthdate: _____ Sex: F M

Employee's Address (if different from above) _____

COMMUNICATION PREFERENCES

Our office is advancing our communication abilities and you now have more options for reminders and confirmations. Managing your preferences and requests can also be handled online from any received email.

Note: Your email, phone and other information is protected information – we will never share it.

Name: _____

Family members this should also apply to: _____

Do you **want** a reminder that you have a scheduled appointment: Yes No

If you **DO** want reminders or other communications, please choose from the following:

Email: (only one address please) _____

Text: Please confirm your cell number: () _____ **reply with **STOP** to discontinue**

Phone Call: () _____ Is this your: Home Cell Work