

PATIENT INFORMATION

NAME		DATE OF BIRTH	
AGE	MARITAL STATUS	SEX	
ADDRESS (INCLUDE APARTMENT OR BOX NUMBER)	CITY	STATE	ZIP
DRIVERS LICENSE NUMBER	ETHNICITY		
PHONE NUMBER	WORK PHONE		
EMPLOYER	SOCIAL SECURITY NUMBER		
SPOUSE'S NAME	SPOUSE'S WORK NUMBER		
EMERGENCY CONTACT NAME	PHONE NUMBER		
PATIENT E-MAIL ADDRESS			

WHO RECOMMENDED US?

FRIEND/ RELATIVE'S NAME	OTHER (PLEASE SPECIFY)
DOCTOR'S NAME	DOCTOR'S PHONE NUMBER

INSURANCE INFORMATION

Primary Insurance

PRIMARY INSURANCE NAME	ID NUMBER
SUBSCRIBER'S NAME	SUBSCRIBER'S DATE OF BIRTH
SUBSCRIBER'S EMPLOYER	RELATIONSHIP TO PATIENT

Secondary Insurance

SECONDARY INSURANCE NAME	ID NUMBER
SUBSCRIBER'S NAME	SUBSCRIBER'S DATE OF BIRTH
SUBSCRIBER'S EMPLOYER	RELATIONSHIP TO PATIENT

Name: _____

MEDICAL INFORMATION

Do you have any of the following?

- Diabetes Asthma High Blood Pressure Emphysema Heart Disease Arthritis

OTHER

LIST ANY MEDICATIONS

LIST ANY EYE INJURIES/ SURGERIES

ALLERGIES OR REACTIONS TO MEDICATIONS

FAMILY DOCTOR

OPTOMETRIST

Open Payments Database Notice

The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>.

PATIENT OR RESPONSIBLE PARTY'S SIGNATURE

DATE