

PT # _____

ACC # _____

WELCOME

We are pleased to welcome you to our office. Please take a few minutes to fill out this form as completely as you can. If you have questions we will be glad to help you.

Date _____

PATIENT INFORMATION

1. Name: (first) _____ (middle) _____ (last) _____

2. Address: (street) _____ (city) _____ (state) _____ (zip) _____

3. Phone Number: Home: (_____) _____ Fax. : (_____) _____

Cell. : (_____) _____ E-mail: _____

4. Best time and Best way to reach you _____

5. Sex: M, F 6. Age: _____ 7. Birthdate: _____ 8. Last 4 digits SS # _____

9. Single, Married, Widowed, Separated, Divorced 10. Occupation: _____

11. Employer/School: _____ 12. Work Phone: (_____) _____

13. Employer Address: (street) _____ (city) _____ (state) _____ (zip) _____

14. Name of Spouse, Parent or Closest Relative: _____

15. Activities or Hobbies: _____ 16. Referred by: _____

INSURANCE INFORMATION

1. Is patient covered by insurance? Yes, No If the answer is No, skip this section.

2. Insurance Co: _____ 3. Group # _____

4. Member ID # _____ 5. Member Name: _____

6. Birthdate: _____ 7. Relationship to patient: _____

8. Is patient covered by additional insurance? Yes, No If the answer is No, skip this section.

9. Insurance Co: _____ 10. Group # _____

11. Member ID # _____ 12. Member Name: _____

13. Birthdate: _____ 14. Relationship to patient: _____

ACCOUNT INFORMATION

1. Who is responsible for this account? _____ 2. Birthdate: _____

3. Last 4 digits SS # _____ 4. Relationship to patient: _____

5. List your family members: _____

ACKNOWLEDGEMENT

Due to the current economy, it is requested that professional charges be paid on the date of service, that a deposit of at least one half the material charges be made when materials are ordered, and that the balance be paid when materials are dispensed. Your compliance with this helps us to keep costs down, and is appreciated.

I acknowledge that I received a copy of the EyeCare Dimensions/Susan M. Penner, O.D. Notice of Privacy Practices.

Signature: _____ Printed Name: _____ Date: _____