



## WELCOME!

Last Name \_\_\_\_\_

Today's Date \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Mr./Mrs./Ms./Dr. \_\_\_\_\_ Suffix \_\_\_\_\_

Social Security # \_\_\_\_\_

Preferred First Name \_\_\_\_\_

Marital Status \_\_\_\_\_

Street Address \_\_\_\_\_

Spouse \_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Occupation \_\_\_\_\_

Zip \_\_\_\_\_

Mom's Name (if minor) \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_

Dad's Name (if minor) \_\_\_\_\_

Daytime Phone (     ) \_\_\_\_\_

Driver's License # \_\_\_\_\_

Cellular Phone (     ) \_\_\_\_\_

Medicare # \_\_\_\_\_

Email Address \_\_\_\_\_

Payment Method: Check / Cash / Credit Card A service fee will be added for returned checks AND any balance that is turned over for collection.

Who may we thank for referring you to our office? \_\_\_\_\_

Family members who are now our patients: \_\_\_\_\_

Recreation & Hobbies \_\_\_\_\_

What is the main reason for today's consultation? \_\_\_\_\_

Our office complies with HIPAA.

You may have a copy of the Notice of Privacy Practice that is posted in the office.

I want a copy

I do not want a copy

Your new spectacles are not safety glasses. They are dress eyewear and are not intended for yard work, home chores, or industrial/sports usage. Separate safety spectacles are advised for such activities.

\_\_\_\_\_  
Signature (or Guardian Signature)

\_\_\_\_\_  
Date