

Patient Information Form

Title: Dr. / Mr. / Mrs. / Ms. / Rev. / Judge _____	Today's date: _____
Full Name: _____	Status: Married / Divorced / Single / Widow(er) / Domestic Partner _____
Name you go by (if different): _____	Date of Birth: _____ Age: _____ Gender: M / F _____
Home address: _____	Driver's License number: _____
City: _____ State: _____ Zip: _____	Social Security number: _____
Home phone: (_____) _____	Employer (or School): _____
Work phone: (_____) _____	Occupation (or Grade): _____
Cell phone: (_____) _____	Emergency contact name: _____
E-mail address: _____	Emergency contact phone: (_____) _____

Name of Family Members at Home	Relationship	Age	Current Patient of Ours?
			Y N
			Y N
			Y N
			Y N

Do you have Vision Insurance? VSP / EyeMed / None / Other: _____ How will you settle your account today?

Do you participate in a **flexible spending account**? Y N Check Cash Credit Card

Medical Insurance: _____

What type of Medical Insurance do you have? PPO POS HMO Medicare part B Other: _____

I authorize the payment of any eye care and/or medical benefits indicated above to my Doctor of Optometry. I understand that I may have co-payments and overages (costs not paid for by the eye care and/or medical plan), and I am ultimately responsible for all fees incurred.

Patient or Responsible Party's Signature: _____ Date: _____

Whom may we thank for referring you to our office (if applicable)?

Family, friend, or co-worker. Who? _____

Doctor referral. Who? _____

Vision Service Plan (VSP) or EyeMed Directory?

Medical Insurance directory. Which one? _____

Internet. Which website? Yelp / Google / Bing / Yahoo / Facebook / Other: _____

Other. Please specify. _____

I acknowledge that I have received a copy of the Los Angeles EyeCare Optometry Group's Notice of Privacy Practices, available from our office receptionist. You can also review it on our website: www.VisionSource-LAEyeCare.com

Patient name: _____ Today's Date: _____

Signature of patient (or parent/guardian for minors): _____