

**PATIENT DEMOGRAPHIC INFORMATION**

Today's Date: / /

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Male / Female  
Social Security # \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_ Drivers License # \_\_\_\_\_  
Physical address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone # \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_  
Who referred you to our practice? \_\_\_\_\_ Personal Physician: \_\_\_\_\_ Phone # \_\_\_\_\_  
Ophthalmologist/Optomtrist: \_\_\_\_\_ Phone# \_\_\_\_\_

**RESPONSIBLE PARTY INFORMATION (Person financially responsible. Parent if patient is a minor)**

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ Male/ Female  
Relationship: \_\_\_\_\_ Home phone # \_\_\_\_\_ Work # \_\_\_\_\_ ext \_\_\_\_\_  
Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**INSURANCE INFORMATION**

Primary Insurance: \_\_\_\_\_ ID# \_\_\_\_\_ Relationship \_\_\_\_\_  
Subscriber name: \_\_\_\_\_ Subscriber Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Male/Female  
Employer name: \_\_\_\_\_ Employer address: \_\_\_\_\_  
Secondary Insurance: \_\_\_\_\_ ID# \_\_\_\_\_ Relationship \_\_\_\_\_  
Subscriber name: \_\_\_\_\_ Subscriber Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Male/Female  
Employer name: \_\_\_\_\_ Employer address: \_\_\_\_\_

**MISCELLANEOUS INFORMATION**

Occupation: \_\_\_\_\_ Student? Y / N Employer name: \_\_\_\_\_ Full-time/Part-time  
Employer address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ ext \_\_\_\_\_  
Nearest Relative (not living with you) \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ ext \_\_\_\_\_

I hereby certify that the information listed above is true and correct to the best of my knowledge.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE