

# Welcome to Our Office

*This information will allow us to begin the process that ensures your eye health and vision remain at their best, and that your health and lifestyle needs are met. Thank you for your help.*

Your Name Miss \_\_\_\_\_  
Mrs. \_\_\_\_\_  
Ms. \_\_\_\_\_  
Mr. \_\_\_\_\_  
Dr. \_\_\_\_\_  
Rev. \_\_\_\_\_  
Last First Middle Nickname or Preferred

Your Address \_\_\_\_\_  
Street or P.O. Box City State Zip

Your Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_-\_\_\_\_-\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_  
home work

Your Employer \_\_\_\_\_ Your Family Doctor \_\_\_\_\_

If married, name of spouse \_\_\_\_\_ Spouse employed by \_\_\_\_\_

If under 18, parent or guardian's name \_\_\_\_\_

Relation \_\_\_\_\_ Phone \_\_\_\_-\_\_\_\_ Employer \_\_\_\_\_

If student, grade level \_\_\_\_\_ School \_\_\_\_\_ Teacher \_\_\_\_\_

Why did you come to us? \_\_\_\_\_ Who may we thank for referring you?  
\_\_\_\_\_

Where does the rest of your family go for eye care? \_\_\_\_\_ # in household \_\_\_\_\_

How will you be paying today?  Full payment by cash, check, or credit card  Vision Care insurance with deductible  
 Full payment for professional fees, deposit on eyeglasses, balance paid on dispensing

Vision Insurance \_\_\_\_\_  
carrier name

Medical Insurance \_\_\_\_\_  
carrier name co-insurance/supplemental

"I request that payment of benefits be made to me or the doctor for any services provided by him. I also authorize any holder of medical information about me to release to the carrier and its agents any information needed to determine these benefits or the benefits payable for related services."

\_\_\_\_\_  
signature date

*Your occupation and lifestyle play the most important roles in determining your visual requirements.*

## ***Tell us about your lifestyle ...***

What is your occupation? \_\_\_\_\_ How long? \_\_\_\_\_

What hobbies or activities do you enjoy? \_\_\_\_\_

What special vision needs do you have? (computer, overhead work, etc.) \_\_\_\_\_

Polycarbonate lenses are the most impact resistant lenses available and are the safest for children and/or sports. \_\_\_\_\_

Your Initials

***Thank You.***