



New Patient Information

Date: _____

Welcome to Eye to Eye Ophthalmology!

In order to get to know you, we need some basic information from you. It is our office's guiding principle to keep any information you provide us in the strictest confidence and will only use it to provide you with the highest quality treatment.

Name _____ **DOB** _____ / _____ / _____
Last First MI

Address _____

City _____ State _____ Zip _____ Age _____

Home Phone _____ Work Phone _____

E-Mail _____

Occupation: _____ Social Security Number _____ - _____ - _____

Primary Insurance _____ Group/Policy Number _____

Name of Subscriber _____ Subscriber's DOB _____
If Different Than Above

Secondary Insurance _____ Group/Policy number _____

Emergency Contact _____ Phone _____

**Do you regularly have trouble with any of the following?
Please Check Yes or No. If Yes, please describe.**

	Yes	No	Please Explain
Headaches			
Trouble Hearing			
Trouble Swallowing			
Chest Pain or Palpitations			
Trouble Breathing			
Diarrhea or Constipation			
Joint Pain or Muscle Aches			
Pain With Chewing			
Rashes on your Skin			
Trouble Urinating (holding or burning)			
Bruising Easily			
Catching Colds Easily			

Primary Care Physician

(Please provide as much information as possible)

Primary Care Doctor: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Pharmacy Name: _____ **Phone:** _____

Please list any other medical concerns that you feel we should know about:

How did you hear about our office?

Check all that apply

<input type="checkbox"/>	Friend/Relative	<input type="checkbox"/>	Insurance Company	<input type="checkbox"/>	Advertisement
<input type="checkbox"/>	Patient	<input type="checkbox"/>	Physician Referral Service	<input type="checkbox"/>	Postcard
<input type="checkbox"/>	Primary Doctor	<input type="checkbox"/>	Yellow Pages	<input type="checkbox"/>	Other (Please Specify on line below)

Please Specify Other:

Please have your list of medications ready for the doctor.

Thank You!



Eye Surgeon and Physician