



REGISTRATION FORM

DATE: \_\_\_\_\_
Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_
Gender [ ] M [ ] F Marital Status [ ] Single [ ] Married [ ] Other Social Security # \_\_\_\_\_
Address: \_\_\_\_\_ Apt# \_\_\_\_\_
City/State/Zip: \_\_\_\_\_
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work#: \_\_\_\_\_
Please Indicate Preferred Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_
Referring Physician: \_\_\_\_\_ Referring Physician Phone #: \_\_\_\_\_
Primary Care Physician: \_\_\_\_\_ Primary Care Physician Phone#: \_\_\_\_\_

-Billing and Insurance Information-

Primary Insurance: \_\_\_\_\_ Secondary Insurance: \_\_\_\_\_
ID#: \_\_\_\_\_ Group #: \_\_\_\_\_ ID#: \_\_\_\_\_ Group #: \_\_\_\_\_
Policy Holder's Name: \_\_\_\_\_ Policy Holder's Name: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_
Relationship to Patient: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

-Information of responsible party - For minors-

Parent #1: \_\_\_\_\_ Parent #2: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_
Address: \_\_\_\_\_ Address: \_\_\_\_\_
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_
Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

How Did You hear About Us

Friend/Family: \_\_\_\_\_ Doctor: \_\_\_\_\_ Radio: \_\_\_\_\_
Internet: \_\_\_\_\_ TV: \_\_\_\_\_ Other: \_\_\_\_\_

ARE YOU COVERED BY ANY VISION PLAN? RECEPTIONIST INITIALS:
VSP [ ] DAVIS VISION [ ] SPECTERA [ ] OTHER [ ] \_\_\_\_\_

\*\* OPTIONAL INFORMATION \*\*

Annual Income: [ ] \$0-\$25,000 [ ] \$26,000-\$35,000 [ ] \$36,000-\$50,000 [ ] \$51,000-\$70,000 [ ] \$71,000-\$100,000 [ ] \$101,000 and up
Race: [ ] White/Caucasian [ ] Hispanic/Latin [ ] African American [ ] Indian American [ ] Asian [ ] Other
Education: [ ] High School [ ] High School Graduate [ ] Some College [ ] Bachelor's degree [ ] Master's degree [ ] Professional degree [ ] Doctorate degree