

# Welcome To Our Office

Welcome to . Thank you for choosing us for your eyecare needs. We are delighted to have you as a patient and appreciate the confidence you placed in us. Please take a moment to complete the following information. Any information we already have on file will appear on this form. Please review all completed areas to ensure that the information we have is current and accurate. If you have any questions, please do not hesitate to ask.

Mr.  Miss  Mrs.  Ms.

Male  Female

\_\_\_\_\_  
First Name (LEGAL NAME) MI Last Name Preferred Name

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Social Security Number Date of Birth Home Phone - Include Area Code Work Phone

\_\_\_\_\_  
Email Address Spouse or Parent(s) Name Person Responsible for Account

\_\_\_\_\_  
Emergency Contact Emergency Phone

How were you referred to our office?

Phone Book  School  Advertisement  Patient (Please Name) \_\_\_\_\_  
 Insurance Listing  Drive by  Other \_\_\_\_\_  Doctor (Please Name) \_\_\_\_\_

## PRIMARY INSURANCE INFORMATION

\_\_\_\_\_  
Name and Address of Primary Insurance Company City State Zip

M  F  \_\_\_\_\_  
Insured's First Name MI Insured's Last Name

\_\_\_\_\_  
Insured's Identification Number Group Number Insured's Date of Birth Insured's Employer

**Patient Relationship to Insured** **Patient Status**  
 Self  Spouse  Child  Other  Single  Married  Other  
 Full Time Student  Part Time Student  Employed

## SECONDARY INSURANCE INFORMATION

\_\_\_\_\_  
Name and Address of Secondary Insurance Company City State Zip

M  F  \_\_\_\_\_  
Insured's First Name MI Insured's Last Name

\_\_\_\_\_  
Insured's Identification Number Group Number Insured's Date of Birth Insured's Employer

**Patient Relationship to Insured**  
 Self  Spouse  Child  Other

**Please Read and Sign Below:**

I acknowledge that I have received and read the "**Notice of Privacy Practices**", "**Patient Financial Agreement**" and "**Office Policy**" for **Lakepointe Vision Center**.

\_\_\_\_\_  
Signature Date

Name

## PATIENT HISTORY AND INFORMATION