# Vision Source™

**Welcome to our office!** Our staff will be very happy to assist you with all or part of this form.

Today's Date________________________________

Date of Last Exam____________________________

## Patient Information

Last Name___________________________________
First Name_________________ MI______________
Mailing Address______________________________
City____________________ State_________ ZIP_____
Date of Birth__________ Age_____ Sex M F
Patient's SSN_________________________________
Home Phone__________________________________
Work Phone__________________________________
Cell Phone___________________________________
Email Address_________________________________
How do you prefer to be contacted?
(Please indicate first and second choice)
Home ☐ Work ☐ Cell ☐ Text ☐ Email ☐
Spouse (or Parent's) Name______________________
Spouse (or Parent's)Work_______________________
Your Employer (or School)______________________
Your Occupation (or Grade)_____________________
Retired Y N

**What is the major purpose of this visit?**________________________________
_____________________________________________

Any problems with your current contact lenses or glasses?_________________________________
_____________________________________________

**Whom may we thank for referring you to our office?**
Name of friend/relative/doctor__________________
If not referred, how did you choose our office?
☐ Insurance ☐ Yellow Pages
☐ Saw sign/building ☐ Newspaper/Radio/TV
☐ Web Page-Which Site?________________________
Other_________________________________________

## Insurance Information

Vision Insurance_______________________________
Subscriber Name_______________________________
Subscriber SSN________________________________
Subscriber Birth Date__________________________
Primary Medical Insurance______________________
Subscriber Name_______________________________
Subscriber SSN________________________________
Subscriber Birthdate___________________________
Is there secondary medical insurance? Y N
Do you participate in a flex spending account? Y N
How will you settle your account today?
☐Cash ☐Check ☐Credit Card

## Lifestyle Questions

**Do you…(Check if answer is yes)**
☐work at a computer?
☐think you might benefit from thinner, lighter lenses?
☐have an interest in trying contact lenses?
☐ spend time outdoors? How much?___Hrs/week
☐have prescription sunwear?
☐want information on Laser Vision Corrective Surgery?
☐have more that 1 pair of current RX eyewear?
☐have children?
☐have family members in need of eyecare?

**If you are a student please list your permanent address:**
Mailing Address________________________________
City__________________ State___________ Zip____