

VISION SOURCE[®]

DR. DOUGLAS CREGER, OPTOMETRIST

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

Insurance 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 _____

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 than 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 _____