

# Wallis Optical + Family Eye Care Optometry

We require this form to be filled out every year. Thank you for your understanding.

Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Sex: M / F Age: \_\_\_\_\_ BDay: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home phone: \_\_\_\_\_ Email: \_\_\_\_\_

If the patient is under 18 years old, we need parent/guardian information:

Name: \_\_\_\_\_ BDay: \_\_\_\_\_

Communication preference (circle one): Email / Telephone / Postal Preferred language (circle one): English / Spanish

Race (circle one): American Indian / Asian / African American / Hispanic / White / Other

How did you hear about us? Who were you referred by? (circle one)

Insurance Panel / Yelp / Google / Work / Driving by / Doctor-Friend-Family (Name): \_\_\_\_\_

Main eye issue: blurry distance / reading / computer \_\_\_\_\_

Secondary eye issue: \_\_\_\_\_

Do your eyes ever feel dry, burning or irritated? Yes / No Do your eyes water? Yes / No

Do you smoke tobacco? Yes / No Do you drink alcohol? Yes / No If yes, frequency \_\_\_\_\_

If there are no changes from our previous records, please put your initials in the boxes.

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

SS#: \_\_\_\_\_ Work phone: \_\_\_\_\_

Drivers Lic#: \_\_\_\_\_ State: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hobbies: \_\_\_\_\_

If patient is NOT the insurance policy holder, please fill out below:

Policy holder's name: \_\_\_\_\_ Policy holder's Bday: \_\_\_\_\_

Policy holder's SS#: \_\_\_\_\_ Policy holder's relationship to patient: \_\_\_\_\_

I have read and understand the Patient Privacy Practices. Patient's or authorized person's signature, I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment. Insurer's or authorized person's signature, I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

Signature (if under 18 yo, parent/guardian sign): \_\_\_\_\_ Date: \_\_\_\_\_