

TOZER LEE EYE CENTER

PATIENT REGISTRATION FORM

PLEASE PRINT AND COMPLETE ALL ENTRIES

PATIENT INFORMATION

PATIENT NAME (LAST - FIRST - MIDDLE INITIAL)		PREFERRED FIRST NAME	BIRTH DATE
ADDRESS		CITY, STATE	ZIP
E-MAIL ADDRESS		CELL PHONE NUMBER	HOME PHONE NUMBER
MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other	GENDER AT BIRTH <input type="checkbox"/> Male <input type="checkbox"/> Female	PREFERRED METHOD OF CONTACT: <input type="checkbox"/> EMAIL <input type="checkbox"/> TEXT/CELL <input type="checkbox"/> HOME TELEPHONE	
EMPLOYMENT STATUS (circle) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed		PREFERRED LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER	
EMPLOYER NAME- IF USING WORKMANS COMPENSATION INSURANCE			WORK PHONE NUMBER

SPOUSE/GUARDIAN INFORMATION

Guardian information must be completed if patient is under 18.

SPOUSE OR GUARDIAN NAME * (LAST - FIRST)	BIRTH DATE	CELL PHONE NUMBER:	HOME PHONE NUMBER
--	------------	--------------------	-------------------

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT	RELATIONSHIP	PHONE NUMBER
-------------------	--------------	--------------

PCP/REFERRAL INFORMATION

PRIMARY CARE PROVIDER NAME	PHONE NUMBER:	HOW DID YOU HEAR ABOUT US
REFERRING PROVIDER NAME:	PHONE NUMBER:	

INSURANCE INFORMATION – MEDICAL AND VISION

DO YOU HAVE VSP VISION INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, POLICY HOLDERS NAME & DATE OF BIRTH	POLICY HOLDERS LAST 4 OF SOCIAL SECURITY NUMBER:
PRIMARY INSURANCE NAME	POLICY MEMBER ID NUMBER	POLICY GROUP NUMBER
POLICY HOLDERS NAME	POLICY HOLDERS DATE OF BIRTH	Relationship to Patient
SECONDARY INSURANCE NAME	POLICY MEMBER ID NUMBER	POLICY GROUP NUMBER
POLICY HOLDERS NAME	POLICY HOLDERS DATE OF BIRTH	Relationship to Patient

PATIENT SIGNATURE (PARENT/LEGAL GUARDIAN SIGNATURE IF APPLICABLE)	TODAY'S DATE
---	--------------