

**WELCOME TO FAMILY VISION, YOUR VISION SOURCE**

DATE \_\_\_\_\_

MR./DR./MRS./MS./MISS \_\_\_\_\_

LAST NAME

FIRST NAME

Middle Initial

ADDRESS/APT#/STREET NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME # \_\_\_\_\_ DAYTIME # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ SEX: Male or Female

BIRTHDATE \_\_\_\_\_ SSN \_\_\_\_\_ MARITAL STATUS: S M W D

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

**Preferred Language:** English Spanish**Race:** American Indian/Alaskan native / Asian / Black/African American/Hispanic / Native Hawaiian  
Other Pacific Island/ White**Ethnicity:** Hispanic or Latino Native Hawaiian/Other Pacific Island Not Hispanic or Latino**Communication Authorization: Messages can be left at:** Phone# \_\_\_\_\_

Please list name(s) of individuals allowed to receive a message: \_\_\_\_\_

DO YOU HAVE ANY OF THE FOLLOWING? PLEASE CIRCLE ALL WHICH APPLYDIABETES HYPERTENSION HIGH CHOLESTEROL CATARACTS ALLERGIES FLOATERS/SPOTS GLAUCOMA  
RETINAL DISEASE THYROID DISEASE WATERY EYES HEADACHES/ MIGRAINES CORNEA PROBLEMS ARTHRITIS  
DISCHARGE OF EYE DRY/ ITCHY MACULAR DEGENERATION

MEDICAL PROBLEMS? EXPLAIN HERE \_\_\_\_\_

WHAT MEDICATIONS ARE YOU TAKING NOW AND WHY?  
\_\_\_\_\_  
\_\_\_\_\_

LIST ANY FOOD AND DRUG ALLERGIES \_\_\_\_\_

PRIMARY CARE PHYSICIAN'S NAME, PHONE NUMBER AND OFFICE ADDRESS (CITY/TOWN)  
\_\_\_\_\_WHY ARE YOU HERE? \_\_\_\_\_ ANNUAL EXAM \_\_\_\_\_ GLASSES \_\_\_\_\_ CONTACTS \_\_\_\_\_ CATARACT(S)  
\_\_\_\_\_ Refractive Surgery/LASIK \_\_\_\_\_ BLURRED VISION \_\_\_\_\_ PAINFUL EYE

HAVE YOU HAD SURGERY OR TRAUMA TO YOUR EYES? \_\_\_\_\_ NO \_\_\_\_\_ YES

IF YES, PLEASE EXPLAIN \_\_\_\_\_

**PRIMARY MEDICAL INSURANCE INFORMATION**

INSURANCE COMPANY NAME \_\_\_\_\_ POLICY HOLDER NAME \_\_\_\_\_

**PRIMARY VISION INSURANCE INFORMATION**

INSURANCE COMPANY NAME \_\_\_\_\_ POLICY HOLDER NAME \_\_\_\_\_

PLEASE BE AWARE THAT WE MAKE EVERY EFFORT TO COLLECT MONIES FROM YOUR INSURANCE COMPANY. ANY BALANCE DUE  
WILL BE FORWARDED AS YOUR RESPONSIBILITY. WE WILL MAKE COPIES OF ALL INSURANCE CARDS.