



# Welcome to Our Office

Please print and fill out completely

Eye Fitness + Fashion

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Last

First

Middle Initial

Name you prefer to be called: \_\_\_\_\_  Male  Female

Marital Status:  N/A Child  Single  Married  Divorced  Widowed

Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Day Phone: \_\_\_\_\_

E Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - - - - -

Employer and Occupation: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_

How did you hear about our office?  Google  Sign Outside  Facebook  Website  Health Fair

Family / Friend – Name: \_\_\_\_\_  Other: \_\_\_\_\_  Doctor Referral: \_\_\_\_\_

If Student: Grade: \_\_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Pediatrician: \_\_\_\_\_

Spouse/Guarantor Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse/Guarantor Day Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Has anyone in your household been a patient here before?  YES  NO

If yes, who? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### Our Financial Policy

The cost for exams and office visits are due in full at the time of the visit. Glasses and contact lens orders require a 50% deposit before the order can be processed. The remaining balance is due in full when the glasses or contacts are delivered. Orders can not be delivered until they are paid in full. I have read the above and understand the financial policy.

Please provide a copy of vision insurance card, if applicable.

Signature: \_\_\_\_\_

### HIPPA COMPLIANCE ACKNOWLEDGEMENT OF RECEIPT

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of privacy practices. We protect your health information and what rights you have regarding it, if we need to disclose your health information outside of our office for these reasons we will ask for your written permission. If you would like a copy of this policy please feel free to ask for one.

I acknowledge that I have reviewed this policy and that I was offered a copy of the "Notice of Privacy Practices" dated January 1, 2003.

Signature: \_\_\_\_\_

\*Thank you for allowing us to care for you!\*