OPHTHALMOLOGY - DISEASES AND SURGERY OF THE EYE

Macular Degeneration & Diabetes Eye Institute of Northeast Florida

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DATE:_______________ MARITAL STATUS: ❑M ❑W ❑S ❑D

PATIENT NAME: ___________________________________ DOB: _______________

ADDRESS: ___________________________________ AGE:________SEX:______

CITY: ______________________ STATE: ______ ZIP: _______________ SSN: _______________

HOME PHONE: ______________________ALT PHONE:______________________

EMPLOYER: ______________________WORK PHONE: ______________________

MAY WE CONTACT YOU VIA EMAIL? ❑YES ❑NO E-MAIL ADDRESS:______________________

ARE YOU A VETERAN? ❑YES ❑NO DRIVER'S LICENSE #: ______________________

PARENT/SPOUSE NAME:______________________PARENT/SPOUSE DOB:________

PARENT/SPOUSE SSN: ______________________WORK PHONE: ______________________

EMERGENCY CONTACT: ______________________ PHONE: ______________________

PRIMARY INSURANCE NAME: ______________________ ID# ______________________

PRIMARY CARD HOLDER NAME: ______________________ DOB:_______RELATION:_____________

SECONDARY INSURANCE NAME: ______________________ ID# ______________________

SECONDARY CARD HOLDER NAME: ______________________ DOB:_______RELATION:_____________

IS THIS ACCIDENT OR INJURY RELATED TO: ❑AUTO ❑JOB ❑OTHER DATE OF INJURY: ____________________

PRIMARY CARE PHYSICAN: ______________________ PHONE: ______________________

PHARMACY: ______________________ PHONE: ______________________

TO BE IN COMPLIANCE WITH FEDERAL GUIDELINES, PLEASE INDICATE WHICH OF THE FOLLOWING BEST DESCRIBES YOU:

RACE: ❑ American Indian or Alaska Native ❑ Asian ❑ Black of African American
❑ More than one race ❑ Native Hawaiian or Pacific Islander ❑ White
❑ Other ❑ Unknown/Not Reported

ETHNICITY: ❑Hispanic or Latino ❑ Not Hispanic or Latino ❑ Unknown/Not Reported

PRIMARY LANGUAGE: ______________________

HOW DID YOU HEAR ABOUT CLAY EYE PHYSICIANS & SURGEONS? (check all that apply)

❑ Referring Physician:______________________❑Friend/Family:______________________

❑Hospital Consult ❑Website ❑Health Fair ❑Insurance Referral

❑Emergency Room Consult ❑Print Ad ❑ Other:______________________