

# OPHTHALMOLOGY P.C.

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Dubuque, IA 52001

563-588-4675

563-588-1195 FAX

[www.opthalmologypc.com](http://www.opthalmologypc.com)

Thank you for choosing us for your eye care needs. We are delighted to have you as a patient and appreciate the confidence you place in us. Please take a moment to complete the following information.

If you have any questions, please do not hesitate to ask.

## DEMOGRAPHIC INFORMATION

Today's Date: \_\_\_\_\_

<input type="checkbox"/> Mr.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Rev.
<input type="checkbox"/> Ms.	<input type="checkbox"/> Father	<input type="checkbox"/> Other _____
<input type="checkbox"/> Mrs.	<input type="checkbox"/> Sister	

<input type="checkbox"/> Jr.	<input type="checkbox"/> Sr.
<input type="checkbox"/> II	<input type="checkbox"/> Other _____
<input type="checkbox"/> III	

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

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Social Security #: \_\_\_-\_\_\_-\_\_\_ Gender: Male / Female

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer (or school): \_\_\_\_\_

Email address: \_\_\_\_\_

How would you like us to remind you of your up coming appointment?

\_\_\_\_ Post Card      \_\_\_\_ Telephone      \_\_\_\_ Email

### **If patient is a minor please supply the following information:**

Person responsible for the billing: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Social Security #: \_\_\_-\_\_\_-\_\_\_

### **Insurance Information:**

**Primary**---Insurance company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**Secondary**---Insurance company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_