

## Welcome to Our Office!

Please fill out the information below as completely as possible.

Nickname:	First Name:		N	ΛI: _	L	ast Name: Suffix	:	
City:	fickname: Employer:			/er:_		Job Title:		
Cell Phone:	Address:					Apartment or Unit Number:		
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Hispanic Decline to specify  Preferred Language: Race: Preferred Method of Contact:  Vision Insurance (Policy Holder's) Name: Date of Birth: Social Security Number: Social Security Number: Social Security Number: Primary Care Physician: Arthritis: Y N Asthma: Y N Diabetes: Y N Eye Diseases: Y N Eye Injury: Y N Heart Disease: Y N Diabetes: Y N Cancer: Y N Lazy Eye: Y N Cancer: Y N Lazy Eye: Y N Headaches: Y N Do you have undoor glasses? Y N Lazy Eye: Y N Headaches: Y N Do you ware outdoor glasses? Y N N Cataracts: Y N Glaucoma: Y N Do you wear contact lenses? Y N Which lenses? Do you want a contact lenses? Y N Which lenses? Do you own and contact lenses? Y N Do you want a contact lenses? Y N Height Blood Pressure: Y N Do you occasionally drink? Y N Height: Feet, Inches Weight: Jbs  Current Medical Conditions: Do you currently experiencing dry eye symptoms? How did you hear about us?  authorize my insurance benefits to be paid directly to Baymeadows Vision Center. I understand that I am financially responsible for deductible and any balances that are not covered by my insurance. I understand my signature requests that payment be made and authorizes release of nedical information necessary to pay the claim. I acknowledge that I have received a copy of Baymeadows Vision Center Notice of Privacy Tractices.	Email:					Date of Birth: Gender: M		
Preferred Method of Contact:  Vision Insurance (Policy Holder's) Name:  Date of Birth:  Social Security Number:  Primary Care Physician:  Arthritis:  Y N Asthma: Y N N Diabetes: Y N Eye Diseases: Y N Hey Cancer: Y N Lazy Eye: Y N Headaches: Y N Glaucoma: Y N N Anxiety: Y N Glaucoma: Y N N High Blood Pressure: Y N High Blood Pressure: Y N Height: Do you occasionally drink? Y N Height: Do you occasionally drink? Y N Height: Do you wear contact lenses? Y N N Hold Which lenses? Y N N Hold N N N N N N N N N N N N N N N N N N N			Hispanic/L	atin	N	ative Hawaiian/Other Pacific Islander Non-		
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