

# Welcome to Reinert Family Eye Care!

Before proceeding, please give the receptionist your Driver's License or other ID and any insurance cards (both medical and/or vision) so we can make copies.

Thank you for choosing our office! In order to better serve you, please fill out this form as completely as possible.

Please print. **All information is confidential.**

## Patient Information

Patient Name: \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_ Sex: M \_\_\_ F \_\_\_ Last 4 digits of SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Special Needs: Wheelchair \_\_\_ Hearing Impaired \_\_\_ Translator \_\_\_ Other \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

How will you be paying? (Circle one) Cash / Card

(For Minors Only:) Parent or Legal Guardian Name(s) if applicable:

\_\_\_\_\_

Which method of communication do you prefer for future correspondence (to include billing/statement balances)?

(Please Initial) Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Traditional Mail: \_\_\_\_\_

Which number do you prefer to be contacted with? (Circle one) Home / Work / Cell