



## Welcome to Simply Eyes!

Thank you for choosing us for your eye care needs. We are delighted to have you as a patient, and appreciate the confidence you have placed in us. Please take a moment to fill out your information as accurately as possible. This information will be kept confidential.

Date		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Last Name	First Name	MI	Date of Birth MM / DD / YY
Salutation <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.	Name Preference	E-mail Address	
Street Address	Apt#	City	State Zip Code
Cell Phone Number	Work Phone Number	Home Phone Number	
Driver License Number	Social Security Number	Your Employer	
Person Responsible for Payment	Relationship to Patient	Your Occupation	
How Did You Hear About Us? Family/Friend <input type="checkbox"/> Insurance <input type="checkbox"/> Google <input type="checkbox"/> Yelp <input type="checkbox"/> Facebook <input type="checkbox"/> Walk-In <input type="checkbox"/> Other: _____			
Who May We Thank for Referring You?		Have We Seen Any Members of Your Family? If Yes, Who? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Last Eye Doctor		Date of Last Eye Exam	
Name of Primary Care Doctor		Date of Last Physical Exam	
Name of Vision Insurance		Primary's Social Security Number	Policy Number
Primary's Last Name	Primary's First Name	MI	Primary's Date of Birth Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other
Name of Medical Insurance		Policy Number	Group Number
Primary's Last Name	Primary's First Name	MI	Primary's Date of Birth
<b>Please Check Each Activity in Which You Participate</b>			
<input type="checkbox"/> Aerobics	<input type="checkbox"/> Dance	<input type="checkbox"/> Music	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Fishing	<input type="checkbox"/> Racquetball	<input type="checkbox"/> Water Skiing
<input type="checkbox"/> Baseball	<input type="checkbox"/> Football/Rugby	<input type="checkbox"/> Reading	<input type="checkbox"/> Weight Training
<input type="checkbox"/> Basketball	<input type="checkbox"/> Gardening	<input type="checkbox"/> Soccer	<input type="checkbox"/> Other:
<input type="checkbox"/> Boating	<input type="checkbox"/> Golf	<input type="checkbox"/> Sewing	<input type="checkbox"/> Other:
<input type="checkbox"/> Bowling	<input type="checkbox"/> Hunting	<input type="checkbox"/> Snow Skiing	<input type="checkbox"/> Other:
<input type="checkbox"/> Camping	<input type="checkbox"/> Martial Arts	<input type="checkbox"/> Swimming	<input type="checkbox"/> Other:
<input type="checkbox"/> Computers/Video Games	<input type="checkbox"/> Metal Working	<input type="checkbox"/> Television	<input type="checkbox"/> Other:
<input type="checkbox"/> Cycling	<input type="checkbox"/> Movies	<input type="checkbox"/> Tennis	<input type="checkbox"/> Other: