

# NEW VISION EYE CENTER PATIENT INFORMATION SHEET

Patient Name: \_\_\_\_\_

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

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

Street Address (if different from mailing): \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Patient Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

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

Marital Status: \_\_\_\_\_ Sex:  M  F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to Contact: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

How would you like us to contact you?  Phone  Text  Email

## *The information below is required for Electronic Medical Records:*

Pharmacy Name & Location: \_\_\_\_\_

Preferred Language: \_\_\_\_\_

Ethnicity:  Non Hispanic or Latino  Hispanic or Latino

Race:  Asian  Black | African American  White  Other  
 American Indian or Alaska Native  Native Hawaiian or Pacific Islander

Which Doctor are you here to see?:

O'Brien  Tate  Reinauer  Piette

## INSURANCE INFORMATION

Primary Insurance: \_\_\_\_\_ Secondary Insurance: \_\_\_\_\_

Primary Cardholder Name and DOB: \_\_\_\_\_

(If Minor) Parents Name and DOB: \_\_\_\_\_

Parents Phone: \_\_\_\_\_

## *How did you hear about us? Please select all that apply.*

- |   |                                   |   |   |
|---|-----------------------------------|---|---|
| <input type="radio"/> Our Website         | <input type="radio"/> Radio       | Advertising or Article:                     |   |
| <input type="radio"/> Internet Search     | <input type="radio"/> TV          | <input type="radio"/> Vero Beach 32963      | <input type="radio"/> Press Journal                   |
| <input type="radio"/> Social Media        | <input type="radio"/> Direct Mail | <input type="radio"/> Vero/Sebastian News   | <input type="radio"/> Heartbeat of the Treasure Coast |
| <input type="radio"/> Digital Advertising | <input type="radio"/> Email       | <input type="radio"/> Vero Beach Magazine   | <input type="radio"/> Guide to Medical Services       |
| <input type="radio"/> Screening           |                                   | <input type="radio"/> Indian River Magazine | <input type="radio"/> Senior Services Guide           |
|   |                                   | <input type="radio"/> Spacecoast Magazine   | <input type="radio"/> _____                           |

Referred by: \_\_\_\_\_  Other: \_\_\_\_\_  
(Doctor, Family or Friend Name)

DO NOT WRITE BELOW THIS LINE

ACCOUNT NUMBER: \_\_\_\_\_

DATE REGISTERED: \_\_\_\_\_

REGISTERED BY: \_\_\_\_\_