



# EYE SPECIALISTS

● 1103 Galvin Road South, Suite H Bellevue, NE 68005 PH: 402-292-6514 ● 9910 S 71st Plaza, Suite 103 Papillion, NE 68133 PH: 402-933-0708

## Patient Information

Patient Legal Name

(LAST)

(FIRST)

(MIDDLE)

Address

City

State

Zip

SS#

Age

DOB

Sex:  M  F

### Due to government reporting regulations, we are required to ask the following questions:

**Race:**  Caucasian  Black or African American  Asian  American Indian or Alaska Native  
 Native Hawaiian or other pacific Islander  Other

**Ethnicity:**  Not Hispanic / Latino  Hispanic / Latino  Unknown

**Primary Language:**

Primary Phone

Cell

Work

### \* Check Preferred Contact Number

Employment Status:  Yes  No  Retired

Employer

Marital Status:  S  M  D  W  Other

Spouse

Phone

**Email:**

**Pharmacy:**

**Primary Physician:**

**Do you reside in a skilled nursing facility?**  No  Yes

(first & last name)

Facility Name

Phone

**If Patient is a Minor:**

Mother's Name

Phone

Father's Name

Phone

**Responsible Party Name**

SS#

Phone

Patient  Parent  Guardian  POA

Relationship to Patient

Primary Phone

Cell

Work

### \* Check Preferred Contact Number

**Emergency Contact** (Nearest relative or friend in case of emergency)

Name

Phone

Relationship

## Insurance Information

**Primary Ins.**

**Policy #**

**Group #**

Policy Holder

SS#

DOB:

**Secondary Ins.**

**Policy #**

**Group #**

Policy Holder

SS#

DOB:

**Signature of Patient or Responsible Party**

**Date**