G. Gregory Clark, M.D. Anne C. Clark, M.D. Frances M. Cosgrove, M.D.

EYE ASSOCIATES LLC

ADULT PATIENT REGISTRATION

CHART # _____

PATIENT INFORMATION

DATE _____

NAME: _____ MALE FEMALE (circle one)

ADDRESS: _____ S M W D (marital status)

CITY: _____ STATE: _____ ZIP CODE: _____ CELL PH: _____

HOME PH: _____ BIRTH DATE: _____ AGE: _____ SSN: _____

RACE: _____ ETHNICITY: _____ PREFERRED LANGUAGE: _____

EMPLOYED BY: _____ OCCUPATION: _____

PREFERRED EMAIL: _____ BUSINESS PH: _____

EMERGENCY CONTACT: _____ RELATIONSHIP TO PATIENT: _____ PH: _____

LIST ANY OTHER FAMILY MEMBERS THAT ARE EYE ASSOCIATES PATIENTS: _____

REFERRED BY (circle one): REFERRING DOCTOR FAMILY DOCTOR FAMILY FRIEND INSURANCE CO. YELLOW PAGES INTERNET

FAMILY DOCTOR: _____ ADDRESS: _____ PH: _____

REFERRING DOCTOR: _____ ADDRESS: _____ PH: _____

PREFERRED PHARMACY: _____ PH: _____

INSURANCE INFORMATION

PRIMARY INSURANCE:

INSURANCE COMPANY: _____ NAME: _____ MALE FEMALE

POLICY HOLDER'S DATE OF BIRTH: _____ POLICY HOLDER'S SSN: _____

POLICY HOLDER'S EMPLOYER: _____

SECONDARY INSURANCE:

INSURANCE COMPANY: _____ NAME: _____ MALE FEMALE

POLICY HOLDER'S DATE OF BIRTH: _____ POLICY HOLDER'S SSN: _____

POLICY HOLDER'S EMPLOYER: _____

SIGNATURE _____ DATE _____