

## PATIENT INFORMATION

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

Circle one: Mr. Mrs. Ms. Miss Dr.

Name: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
          First                      Middle                      Last

If a MINOR, Parents name \_\_\_\_\_

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

City & Zip: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

\*E-MAIL: \_\_\_\_\_ Family Doctor: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Specialist Doctor: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ \*Referred by: \_\_\_\_\_

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

Please list the name/relationship of any immediate family members also seen at our practice:

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Preferred language:       English                       Spanish

Race:     American Indian or Alaska Native       Asian       Black or African American  
           Native Hawaiian/Other Pacific Island       Hispanic       White

Communication Preference:     E-mail                       Postal                       Telephone

Permission for Pursuit Vision Center to take patient photos ( ) YES ( ) NO

Permission for Pursuit Vision Center to share photos only as follows: ( ) Office ( ) Website ( ) Facebook/Soc.Media

NOTE: To keep processing to a minimum, payment is expected when services are rendered. There is a \$30.00 charge for all returned checks.

\*\*Due to the premium time reserved for your appointment, there will be a \$50 cancellation fee without a 48 hour notice. Please call our office as soon as possible if you find you cannot keep the appointment.

**Pursuit Vision Center is a non-participating provider with most insurance companies. Please sign below acknowledging that:**

If Pursuit Vision Center does not participate with my insurance company, I as the patient, am financially responsible for all services provided.

If Pursuit Vision Center does participate with my insurance, I authorize any holder to release medical information about me to my insurance company and/or Health Care Financing Administration needed to determine benefits payable for related services.

**Signature:** \_\_\_\_\_