

PLAZA EYE CLINIC, PA dba CROSS EYE CENTERS
PATIENT REGISTRATION FORMS

Last Name: _____ First Name: _____ Middle Name: _____

Prefix: Mr. Mrs. Ms. Dr. Suffix: Jr. Sr. I III IV Q

Gender: Male Female Date of Birth: _____ Social Security: _____

Marital Status: Married Single Divorced Widowed

Nickname: _____ Previous Last Name: _____

Address: _____ Zip Code: _____ City: _____ State: _____

Home Phone: _____ Work Phone: _____ Cell Phone _____

Preference: Home Cell Work Email: _____

Driver License #: _____ Occupation: _____ Employer: _____

Race: White Black or African American Asian Unknown Other: _____

Ethnic Group: Non-Hispanic Hispanic

Primary Language: English Spanish Chinese Vietnamese Other: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Family Physician: _____ Physician Phone: _____

Pharmacy Name: _____ Pharmacy Phone: _____

How did you hear about our office? _____

Legal Guardian if patient is minor or otherwise: _____

Date of Birth for Guardian: _____ Best Contact Phone: _____

Address if different: _____ City _____ State _____ Zip Code _____

Chief Complaint Warranting your Visit Today? _____

I hereby give your office permission to speak with the following people concerning appointments, test results, or health concerns:

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

I do not wish for your office to share information regarding appointments, test results or health concerns with anyone other than myself or the institutions outlined in HIPAA privacy notice included in my packet.

I have completed the above answers as true and correct to the best of my knowledge. I have also received a copy of the Privacy notice. I will notify you of any changes in the status of the above information. I understand that regardless of my insurance status that I am ultimately responsible for any balance on my account for professional charges rendered.

Signature of Patient/Responsible Party: _____ Date: _____