



2272 Michelson Suite #110 Irvine, CA 92612 P: (949) 851-2015 F: (888) 851-9029

Date: \_\_\_\_\_

**PERSONAL INFORMATION:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ E-mail address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Marital Status \_\_\_\_\_

Hobbies/Activities that require special visual needs: \_\_\_\_\_

**VISION INSURANCE INFORMATION:**

Vision Care Plan (circle one):

VSP Medical Eye Service EyeMed Spectera/Optimum Health Davis Other: \_\_\_\_\_

Vision Policy Holder (if different from above) Name: \_\_\_\_\_ Social Security #/ID #: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Relationship to Policy Holder \_\_\_\_\_

**MEDICAL INFORMATION:**

Please provide your medical insurance card and driver's license to the receptionist. Medical insurance (circle one):

United Health/Pacificare Medicaid Medicare Blue Cross/Blue Shield Aetna Other \_\_\_\_\_

Carrier name \_\_\_\_\_ Insured/Card Holder's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**HOW WERE YOU REFERRED TO THIS OFFICE? (Circle one)**

Co-worker/Friend \_\_\_\_\_ Google Internet Search YELP Insurance List Walk-in

20/20 Referral Program: \_\_\_\_\_ Other \_\_\_\_\_

**SERVICES YOU ARE INTERESTED IN: (PLEASE CIRCLE)**

Comprehensive Eye Exam Glasses Contact Lenses Dry Eye Evaluation

Refractive Surgery Consultation (LASIK/PRK/ICL) Cataract/RLE Consultation Other \_\_\_\_\_