

# Welcome to Eye Love Optical and Dr. Michael Stewart, Optometrist



Today's Date \_\_\_\_\_

## Personal Information

Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

SS# \_\_\_\_\_ Sex \_\_\_\_\_ M \_\_\_\_\_ F Date of Last Eye Exam \_\_\_\_\_

## Permission to Contact

I give permission for Dr. Stewart and staff to contact me regarding issues of eye care, health care, appointments, and eyewear being ready by mail, text, phone and email.

Home Phone \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Cell Phone \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Email \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

## Insurance Information

Vision Insurance \_\_\_\_\_ ID# \_\_\_\_\_ Subscriber's Name \_\_\_\_\_

Subscriber's SS# \_\_\_\_\_ Subscriber's DOB \_\_\_\_\_ Subscriber's Employer \_\_\_\_\_

Medical Insurance \_\_\_\_\_ ID# \_\_\_\_\_ Subscriber's Name \_\_\_\_\_

Subscriber's SS# \_\_\_\_\_ Subscriber's DOB \_\_\_\_\_ Subscriber's Employer \_\_\_\_\_

## Referral Information

How did you hear about our office? \_\_\_\_\_ Website \_\_\_\_\_ Drove by/saw sign \_\_\_\_\_ Facebook \_\_\_\_\_

\_\_\_\_\_ Healthgrades \_\_\_\_\_ Google \_\_\_\_\_ Yelp \_\_\_\_\_ I am a continuing loyal patient \_\_\_\_\_

I was referred by \_\_\_\_\_

## Eyewear/Contact Information

Your reason for visiting today \_\_\_\_\_

Do you wear contacts? \_\_\_\_\_ Yes \_\_\_\_\_ No Brand/type \_\_\_\_\_

How many hours do you wear contacts comfortably? \_\_\_\_\_ Are you interested in contacts? \_\_\_\_\_

Are you interested in bifocal contacts? \_\_\_\_\_ Hobbies/interests \_\_\_\_\_

Thank you for visiting us today!