



Please bring this form to your appointment
or you may email it to
WorcAdmin@ForguesEyecare.com

PATIENT REGISTRATION and HISTORY FORM

First, MI, Last, Name:

Date of Birth:

Social Security Number:

Street address:

City, State, Zip:

Cell Phone:

Home Phone:

Email:

Gender: Male Female

Marital Status: Single Married Divorced Widowed Legally Separated

Occupation/Employer:

Language:

Race, Ethnicity:

Emergency Contact Name:

Phone:

Guarantor Name (if person to bill other than patient):

INSURANCE INFORMATION

Vision Discount Plan:

ID#:

Medical Insurance:

ID#:

Primary Care Physician:

Phone:

REASON FOR TODAY'S VISIT?

If you **DO NOT** wear contact lenses, do you want to wear contact lenses? Yes No

For contact lens prescriptions: Per FDA regulations contact lens prescriptions are valid for one year. A contact lens evaluation is always a separate fee from your comprehensive eye examination; they include separate tests to measure the curvature of your eye, fit of the lens, and health of the eye. Contact lens fees may vary according to the complexity of the contact lens fit, or refit, and the type of lens used. If you have any questions regarding these fees, please ask a staff member or the doctor before your exam.

