

WELCOME TO OUR OFFICE

Thank you for choosing Clements Vision Care! Please complete this questionnaire prior to your appointment and give it to the front desk staff when you arrive.

- Please bring your Vision Insurance and Health Insurance ID cards to your appointment.
- Contact lens patients- Wear your contact lenses to your appointment. Bring your glasses and your contact lens prescription or boxes.

We accept the following payment methods at the time of service: Cash, Check, Visa, MasterCard, Discover and CareCredit.

Last Name _____ First Name _____ MI _____

Sex: M F Other Date of Birth _____

Last four digits of Social Security Number _____ Date of Last Exam _____

Address _____

City _____ State _____ Zipcode _____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone (_____) _____ E-mail _____

Employer (or School) _____

Occupation (or Grade) _____

Parent or Guardian Name(s) if under 18 _____

Family Physician / Location _____

Insurance Holder name (If Different Than Patient) _____

Insurance Holder Date of Birth _____

Please list any other family members that are patients at Clements Wright Vision Care _____

Vision Insurance Carrier and ID Number _____

Medical Insurance Carrier and ID Number _____

Are you interested in laser vision correction?	Yes	No		Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	Do you currently wear contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
Are you interested in contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>	What kind?	_____	
Do you wear 100% UV Blocking Sunglasses?	<input type="checkbox"/>	<input type="checkbox"/>	Solutions	_____	
Have you ever worn contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>			

How did you hear about Clements Wright Vision Care? _____