



WELCOME TO OUR OFFICE

Thank you for choosing Wright 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 time of service: Cash, Check, Visa, MasterCard, Discover, and CareCredit.

Last Name _____ First Name _____ MI _____
M F

Sex: M F Date of Birth _____

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

Address _____

City _____ State _____ Zip _____

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 Wright Vision Care: _____

Vision Insurance Carrier and ID number _____

Medical Insurance Carrier and ID number _____

Are you allergic to any medications? Yes No (list) _____

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

How did you hear about Wright Vision Care? _____