

# Big Sky Eye Care

## Welcome Back To Our Office

Welcome to Big Sky Eye Care. Thank you for choosing us for your eyecare needs. We are delighted to have you as a patient and appreciate the confidence you placed in us. Please take a moment to complete the following information. Any information we already have on file will appear on this form. Please review all completed areas to ensure that the information we have is current and accurate. If you have any questions, please do not hesitate to ask.

Mr.  Miss  Mrs.  Ms.

Male  Female

\_\_\_\_\_  
First Name MI Last Name Preferred Name

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Social Security # Date of Birth Home Phone - Include Area Code Work Phone

\_\_\_\_\_  
Email Address Spouse or Parent(s) Name Person Responsible for Account

\_\_\_\_\_  
Emergency Contact Emergency Phone

Height	ft	in	cm/m	<input checked="" type="radio"/> ft in	<input type="radio"/> cm	<input type="radio"/> m
Weight				<input checked="" type="radio"/> lbs	<input type="radio"/> kg	

Race

<input type="checkbox"/> American Indian Or Alaska Native	<input type="checkbox"/> White
<input type="checkbox"/> Asian	<input type="checkbox"/> Declined To Specify
<input type="checkbox"/> Black Or African America	
<input type="checkbox"/> Hispanic Or Latino	
<input type="checkbox"/> Native Hawaiian Or Other Pacific Islande	

Other Race  
\_\_\_\_\_

Ethnicity  Hispanic Or Latino  Not Hispanic Or Latino  Declined To

Preferred Language  English  Chinese  Dutch; Flemis  French  Germa  Hindi  Indc

### How were you referred to our office?

Phone Book  School  Advertisement  Patient (Please Name) \_\_\_\_\_  
 Insurance Listing  Drive by  Other \_\_\_\_\_  Doctor (Please Name) \_\_\_\_\_

Patient has received HIPAA Privacy Policy?	<input type="radio"/> Yes <input type="radio"/> No	Date	_____
Notes	_____		