



Jason M. Jost, O.D.

**New Patient Registration**

Welcome to Pikes Peak Eye Care! Thank you for choosing us for your eye care needs. We are committed to providing the best and most comprehensive care possible. Please take a moment to complete the following information.

**Personal Information:**

Patient Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_ Social Security Number \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_ Work \_\_\_\_\_

Email (for appointment reminders and newsletters): \_\_\_\_\_

Communication Preference (Check one): Phone \_\_\_\_\_ Text \_\_\_\_\_ Email \_\_\_\_\_ Postal Mail \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Lot # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Preferred Language: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Parent/Guardian's Name (if under 18): \_\_\_\_\_

Parent/Guardian's Primary Phone Number: \_\_\_\_\_

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

Relationship to Patient: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

If someone referred you, whom may we thank? \_\_\_\_\_