**EYE CARE CENTER OF NORTHERN COLORADO, P.C.** **PATIENT DEMOGRAPHIC FORM**

**Please Print**

**Date:** **Account Number:**

## PATIENT INFORMATION

First Name | Middle Initial | Last Name | Suffix | Nickname/AKA

Salutation: ☐ Mr. ☐ Mrs. ☐ Ms ☐ Other: Gender: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married ☐ Other: Language: ☐ English ☐ Spanish ☐ Other:

Date of Birth | Social Security Number | E-mail Address

Home Address | City | State | Zip Code

Home Phone ( ) | Work Phone ( ) | Cell Phone ( )

## EMPLOYMENT INFORMATION

Employment Status: ☐ Employed ☐ Unemployed ☐ Military ☐ Retired ☐ Disabled ☐ Child ☐ Part-Time Student ☐ Full-Time Student ☐ Other:

Name of Employer | Employer's Address

## GUARANTOR INFORMATION

☐ Same as Patient | Relationship to Patient | Social Security Number

First Name | Middle Initial | Last Name | Phone Number ( )

Mailing Address | City | State | Zip Code

Alternate Mailing Address (Seasonal Resident) | City | State | Zip Code

## EMERGENCY CONTACT INFORMATION

Relationship to Patient | Emergency Contact – Full Name | Emergency Contact Phone Number ( )

Home Address | City | State | Zip Code

## PHYSICIAN REFERRAL INFORMATION

Primary Care Physician – Full Name | Primary Care Phys. Phone Number ( )

Referring Physician (If different than Primary Care Physician) – Full Name | Referring Phys. Phone Number ( )

How did you hear about us: ☐ Physician ☐ Family Member ☐ Friend ☐ Insurance ☐ Phone Book ☐ Internet ☐ News / Newspaper ☐ Mail ☐ Other:

## MISCELLANEOUS INFORMATION

Is this a work-related injury? ☐ Yes ☐ No | Is this injury related to a car accident? ☐ Yes ☐ No | Date of Injury or Other Information

## AGREEMENT STATEMENT

I certify that the above information as well as the insurance card(s) and photo identity presented at check-in are correct and true. If I am not the patient but am signing for a patient over 18 years of age or handicapped, I agree to provide with this form a copy of a legal document authorizing my signature. I acknowledge receipt of the Eye Care Center of Northern Colorado, P.C., Policies Form. By signing and dating this form, I am acknowledging that I have read, understand, and agree to this statement and all policies presented.

Signature of Responsible Party | Date