



## PATIENT INFORMATION

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone#: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone# \_\_\_\_\_ Other Phone# \_\_\_\_\_

Which phone number can we call to confirm your appointment? (Circle one) Home Work Cell Other

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_

Social Security: \_\_\_\_\_ Email address \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_

Phone# \_\_\_\_\_

Relationship \_\_\_\_\_

### Employer Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, St., Zip \_\_\_\_\_

Occupation: \_\_\_\_\_

### HOW DID YOU HEAR ABOUT US? (Please be specific)

**Patient Referral:** Patient's Name \_\_\_\_\_

**Doctor Referral:** Doctor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Radio Station (Please check one)**

KILT 610  KSEV 700 Other Radio Station: \_\_\_\_\_

**Internet (Please check one)**

Search engine:  Google  MSN  Yahoo  AOL  Other search engine \_\_\_\_\_

Enrolled through a RADIO website program  Received Internet flyer from texaslasik.com

**T.V. Station (Please check one)**

Channel 2/KPRC  Channel 11/KHOU  FOX Sports News (Astros)

Other T.V. Station: \_\_\_\_\_

**Other Referral**

Corporate Program  Lasik Forum  Employer Health Fair  Any print ad \_\_\_\_\_

### Patient Health Information:

Under federal law, your patient health information is protected and confidential. Patient health information includes information about your symptoms, test results, diagnosis, treatment, and related medical information. Your health information includes payment billing and insurance information.

Date: \_\_\_\_\_

Patient's Signature \_\_\_\_\_