

WELCOME

TO HELP US HELP YOU, PLEASE COMPLETE THE FOLLOWING:

Who can we thank for referring or directing you to this office? _____

Head of Household:

Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Home Telephone # _____ Cell # _____

Work Telephone# _____ Employer _____

Social Security # _____ Email Address _____

Insurance Company: Vision _____ Major Medical _____

Person responsible for payment if different from above: _____

Spouse:

Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Social Security # _____ Email Address _____

Cell # _____

Work Telephone# _____ Employer _____

Children (only those living at home):

Name	Date of Birth	Social Security #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____