

# DOCTORS EYECARE CENTERS

Robert G. Le Sage, OD & Timothy E. Underhill, OD

Welcome!

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home phone: ( ) \_\_\_\_\_

SSN: \_\_\_\_\_ Martial status: \_\_\_\_\_ Spouse name: \_\_\_\_\_

Race: \_\_\_\_\_ Preferred language: \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_

(if a minor)

(if different)

Nearest Living Relative: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

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

Primary Care Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Specialist Physician: \_\_\_\_\_ Address: \_\_\_\_\_

## WORK INFORMATION

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

Work phone: ( ) \_\_\_\_\_ Work address: \_\_\_\_\_

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

## PAYMENT INFORMATION

Preferred Payment Method: ( ) Cash ( ) Check ( ) Credit card ( ) CareCredit ( ) Insurance

### What Sports or Hobbies Do You Enjoy?

Musician  Computer  Reading  Soccer  Crafts  Fishing  Outdoors  
 Scuba  Boating  Hunting  Golf  Sewing  Driving  Gardening  
 Football  Basketball  Woodworking Other: \_\_\_\_\_

**Are You Interested in Contact Lenses?**  Yes  No

Daily wear \_\_\_\_\_ Extended Wear \_\_\_\_\_ Is Cost a Factor?  Yes  No

**Are You Planning To Purchase Eyewear Today?**  Yes  No

### Who May We Thank for Referring You to Doctors Eyecare Centers?

(Friend, Relative, Yellow Pages, Insurance, Internet, Website, Other)

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