

PLEASE COMPLETE IN FULL

Patient's First Name:		M.I.	Last Name:	Date of Birth:
Home Address:				Social Security Number:
Street				Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
City	State	Zip Code		Marital Status
Billing Address: <input type="checkbox"/> same as above				<input type="checkbox"/> Married
Street				<input type="checkbox"/> Single
City	State	Zip Code		<input type="checkbox"/> Divorced
Home Phone:				<input type="checkbox"/> Widowed
Cell Phone:				<input type="checkbox"/> Other
Email:				Race
Primary Care Physician:		Pharmacy for Immediate Rx:		<input type="checkbox"/> Native American
State	City, State			<input type="checkbox"/> Asian
Employer:				<input type="checkbox"/> African American
Employer Address:				<input type="checkbox"/> Caucasian
Spouse/Parent Name:		Spouse/Parent Date of Birth:		<input type="checkbox"/> Patient Refusal
Spouse/Parent Employer:				Ethnicity
				<input type="checkbox"/> Hispanic
				<input type="checkbox"/> Non-Hispanic
				<input type="checkbox"/> Patient Refusal
				Preferred Language
				<input type="checkbox"/> English
				<input type="checkbox"/> Spanish
				<input type="checkbox"/> Other
				<input type="checkbox"/> Patient Refusal
				Special Needs:
				Is this work related?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE PRESENT INSURANCE CARDS AND PHOTO ID TO THE RECEPTIONIST

CONSENT TO TREAT and ASSIGNMENT OF BENEFITS

I hereby authorize the providers of Thames Eye Group, P.C. to examine me and to release my records to anyone that I designate. I further authorize treatment deemed necessary based on the health care professional's findings.

I hereby authorize Thames Eye Group, P.C. to apply for benefits on my behalf for covered services rendered. I request payment from my insurance plan be made directly to Thames Eye Group, P.C. I authorize the release of any necessary information, including medical information for this or any related claim to the insurance carrier.

Signature of Patient or Guardian

Date