

Tennessee River Eye Clinic
Established Patient Information

Bring your photo ID

Name _____ Birth Date _____ SSN _____

Has your address changed since last visit? [] NO

[] YES Address _____ City _____ ST _____ Zip _____

Has your phone number changed since last visit? [] NO

[] YES Cell _____ Home _____ Email _____

Marital status: [] single [] Married [] other _____

Occupation _____

Place of employment _____

Spouse or partners name _____ Date of birth _____ SSN _____

Financially Responsible Party [] Same as above

[] Spouse [] Parent/guardian [] Male [] Female

Name _____ BirthDate _____ SSN _____

Street address _____ City _____ ST _____ Zip _____

Cell # _____ home _____ work/other _____ Email _____

Insurance Bring your insurance card[s]

Only complete if insurance has changed since last visit.

Insurance #1 (Primary Insurance- This will be filed first)

Insurance company _____ Contract Number _____ Group number _____

Subscribers Last Name _____ First Name _____ Middle Name _____

Social security number _____ Date of birth _____ Sex M F

Relationship to patient _____

Insurance #2 (Secondary Insurance-This will be filed after primary insurance pays)

Insurance company _____ Contract Number _____ Group number _____

Subscribers Last Name _____ First Name _____ Middle Name _____

Social security number _____ Date of birth _____ Sex M F

Relationship to patient _____

Emergency Contact

Name _____ Relationship _____ Cell _____

Patient/Responsible party

Signature _____ Date _____

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Established Patient History

Blank answers will be recorded as no/negative in your electronic record.

Name _____ Date of birth _____

What is your current eye problem? _____

List any discontinued or new medicines with dosage and frequency

Have you had any new medical problems or major surgery since your last visit?

Are you currently vaccinated for: Flu: Yes[] No[] Pneumonia: Yes[] No[]

Have you fallen more than once in the past year? Yes[] No[]

My responses are accurate for use in my medical decision making.

Sign here _____ Date _____