QUINLAN
EYE SURGERY
& LASER CENTER

Patient Information

Last Name First Name Middle Initial Nickname/AKA

_____ _____ _____ _____

Date of Birth: ___/___/____ Social Security Number: ____-____-____ Gender: ❑ M ❑ F

Home Address: _____ Apt #:_____

City: _____ State: _____ Zip Code: _____ Email _____

Home Phone: _____/_____/_____ Cell Phone: _____/_____/_____ Day/Work Phone: _____/_____/_____

Employment Status: ❑ Student ❑ Disabled ❑ Employed ❑ Retired ❑ Self Employed ❑ Other

Marital Status: ❑ Married ❑ Single ❑ Divorced ❑ Widowed ❑ Life Partner ❑ Other

Race: ❑ American Indian /Alaskan Native ❑ Asian ❑ Black/NonHispanic ❑ Hispanic ❑ White/NonHispanic ❑ Other

Smoking: ❑ Y ❑ N Cigarettes Per Day: _____ Packs Per Day: _____ Number of Years _____

Physician Referral Information

Primary Care Physician:_____ Referring Physician: _____

How did you hear about us? ❑ Insurance Company ❑ TV ❑ Radio ❑ Phone Book

❑ Family Friend ❑ Newspaper ❑ Physician ❑ Website ❑ Other

Responsible Party (Guarantor) Information

Relationship to Patient: ❑ Self (If yes skip to emergency) ❑ Spouse ❑ Parent ❑ Other

Last Name First Name Middle Initial

_____ _____ _____

Date of Birth: ___/____/____ Social Security Number: ____-____-____ Work Phone: _____

Emergency Contact Information

Last Name First Name Relationship to Patient

_____ _____ _____

Work Phone: ____-_____-_____ Cell Phone: ____-_____-_____ Work Phone: ____-_____-_____

Please Provide Us With Names That We May Release Information To

Last Name First Name Relationship to Patient

_____ _____ _____

Last Name First Name Relationship to Patient

_____ _____ _____

PLEASE DO NOT RELEASE INFORMATION TO ANYONE Signature:_____

Please Initial Each Line: I have been provided the HIPPA Privacy Policy ____, The Patient Privacy Policy ____ and Insurance Payment Procedures _____ and I agree to these Policies and Procedures. I hereby authorize Gregory H. Quinlan, D.O. to provide treatment.

Signature: _____ Date: ____/_____/_____

Reviewed and Updated:

Date _____ Initials _____ Date _____ Initials _____ Date _____ Initials _____