Welcome to our office!

Central Vision Center (www.centralvisioncenter.com)
DRS. STEVE AND CINDY SHOUP

PATIENT INFORMATION

TODAY'S DATE:____________
First Name: ____________________________
Last Name: ____________________________
Middle: ____________________________
Nickname: _______________
PATIENTS DATE OF BIRTH:____________
LAST 4 DIGITS OF SSN: _______________
GENDER: MALE ____ FEMALE_____
ADDRESS:______________________________
City: ____________State:_____ ZIP:__________
Parents name(if child): ________________
Bill Payer to this Account:_______________
Address of Bill Payer:

PREFERRED PHONE (CIRCLE ONE BELOW)

HOME CELL WORK

HOME PHONE:________________
CELL PHONE:________________
WORK PHONE:________________

EMAIL:________________________
We will use your email for reminders of future appointments

Because we are using a government certified electronic medical record program
we are required to ask the following questions:
You are not required to answer.

Preferred Language (circle one below or fill in blank)
English Spanish other____________
Race (circle all that apply or fill in blank)
White Asian Black ______________
Ethnicity (circle one below)
Hispanic Not hispanic
Check here to decline to answer _______I decline

SIGNATURES NEEDED ON BACK OF FORM

MEDICATIONS

List Below and include dosages(mg)
Or we can copy your list for you
Or we can call your pharmacy for a list
Please sign permission on back of this form
Check here if you take no meds:__________

ALLERGIES

List **DRUG** and **ENVIRONMENTAL** allergies:
Check here if you have no allergies:_______

Date of last eye exam:____________
Dr. of last eye exam:_____________

Right handed_____ Left handed_______

Name of your Pharmacy_____________
Location of your Pharmacy___________
Primary Care Physician______________
Location of Primary Care Physician:
____

Do You Have Diabetes? No____ Yes_____
If yes, which type? Type 1____ Type II______
Year it was diagnosed________

Access to your record online is at:
www.revolutionphr.com
User name: firstname.lastnameMMDDYY
MMDDYY = date of birth
Passwords sent by mail

SIGNATURES NEEDED ON BACK OF FORM