315 Hospital Drive, Barbourville, KY 40906 | Phone: (606) 546-4166 | Fax: (606) 546-4167
Email: bfvision@accesshealthky.com | accesshealthky.com

PATIENT REGISTRATION & DEMOGRAPHICS FORM

Please print clearly and complete all sections. Bring this form and your insurance card(s) to your appointment.

PATIENT INFORMATION

LAST NAME | FIRST NAME | MIDDLE INITIAL

PREFERRED NAME / NICKNAME | DATE OF BIRTH (MM/DD/YYYY) | SOCIAL SECURITY NUMBER

STREET ADDRESS | APT/SUITE

CITY | STATE | ZIP CODE | COUNTY

HOME PHONE | CELL PHONE | EMAIL ADDRESS

SEX

☐ Male ☐ Female

MARITAL STATUS

☐ Single ☐ Married ☐ Divorced ☐ Widowed

EMPLOYER | EMPLOYER PHONE | OCCUPATION

PREFERRED CONTACT METHOD

☐ Home Phone ☐ Cell Phone ☐ Email ☐ Text

MAY WE LEAVE A MESSAGE?

☐ Yes ☐ No

EMERGENCY CONTACTS

EMERGENCY CONTACT #1 NAME | RELATIONSHIP | PHONE

EMERGENCY CONTACT #2 NAME | RELATIONSHIP | PHONE

RESPONSIBLE PARTY (IF PATIENT IS A MINOR OR SOMEONE ELSE IS RESPONSIBLE FOR THE ACCOUNT)

NAME | RELATIONSHIP | DATE OF BIRTH

ADDRESS (IF DIFFERENT FROM PATIENT) | PHONE

PRIMARY INSURANCE INFORMATION

INSURANCE COMPANY NAME

PHONE NUMBER ON CARD

SUBSCRIBER / POLICY HOLDER NAME

RELATIONSHIP TO PATIENT

SUBSCRIBER DOB

SUBSCRIBER SSN

MEMBER / ID NUMBER

GROUP NUMBER

EMPLOYER OF SUBSCRIBER

SECONDARY INSURANCE INFORMATION (IF APPLICABLE)

INSURANCE COMPANY NAME

PHONE NUMBER ON CARD

SUBSCRIBER NAME

RELATIONSHIP

MEMBER / ID NUMBER

SUBSCRIBER DOB

GROUP NUMBER

REFERRAL INFORMATION

HOW DID YOU HEAR ABOUT US?

REFERRED BY / PRIMARY CARE PHYSICIAN

REASON FOR TODAY'S VISIT

DATE OF LAST EYE EXAM

DO YOU WEAR OR ARE YOU INTERESTED IN CONTACT LENSES?

☐ Yes ☐ No

MEDICAL & OCULAR HISTORY

CURRENT MEDICATIONS (LIST ALL, INCLUDING OVER-THE-COUNTER AND SUPPLEMENTS)

MEDICATION ALLERGIES

CHECK ANY CONDITIONS THAT APPLY TO YOU

☐ Diabetes ☐ High Blood Pressure ☐ Heart Disease ☐ High Cholesterol ☐ Thyroid Disease ☐ Arthritis

☐ Asthma / ☐ Cancer (type: ☐ Autoimmune ☐ Depression /

CHECK ANY **EYE** CONDITIONS THAT APPLY TO YOU OR YOUR FAMILY

☐ Glaucoma ☐ Cataracts ☐ Macular Degeneration ☐ Retinal Detachment ☐ Lazy Eye / Amblyopia

☐ Crossed Eyes / Strabismus ☐ Color Blindness ☐ Dry Eyes ☐ Eye Injury/ Surgery

FAMILY HISTORY OF EYE DISEASE (SPECIFY CONDITION AND RELATION)