

Fox Cities Eye Clinic, SC

1301 E Northland Avenue - Appleton, WI 54911 - (920) 734-8714

Name: _____ DOB: _____ Phone: _____ Cell: _____

Address: _____ City/State: _____ ZIP: _____

Employer: _____ May we contact you at work: YES NO Phone: _____

Emergency Contact: _____ Relationship: _____ Phone : _____

Name of Insurance: _____ Social Security #: _____

FOR MINORS ONLY:

Mother's Name: _____ DOB: _____ Phone: _____ Cell: _____

Address if different from patient: _____

Employer: _____ May we contact you at work? YES NO Phone: _____

Name of Insurance: _____ Social Security #: _____

Father's Name: _____ DOB: _____ Phone: _____ Cell: _____

Address if different from patient: _____

Employer: _____ May we contact you at work? YES NO Phone: _____

Name of Insurance: _____ Social Security #: _____

How Did you hear about us? Family/Friend Internet Referred by Dr. Other: _____

Race (Please circle one) White Asian Black/African American Hispanic Unknown Decline

Ethnicity: (Please circle one) Non-Hispanic Hispanic/Latin Other _____ Decline

Language: (Please circle one) English Spanish Hmong Other _____ Decline

Acknowledgement of Receipt of Notice of Privacy Practices

This notice describes how FCEC may disclose my protected health information (PHI), there are certain restrictions on the use and disclosure of my health care information, and rights I have regarding my protected health information.

I acknowledge that the NEW (09/20/13) Privacy Policy has been made available to review and/or keep if I choose to do so.

_____ Date: _____

Signature of patient or legal representative