



Rogers Clinic
 13900 Northdale Boulevard
 Rogers, Minnesota 55374
 Phone: 763.428.3757
 Fax: 763.428.9820

St. Michael Clinic
 1 Central Ave. West #104
 St. Michael, Minnesota 55376
 Phone: 763.497.3754
 Fax: 763.497.3811

Welcome to EyeWest Vision Clinic and Optical. Thank you for choosing us for your eyecare and eyewear needs. We are delighted to have you as a patient and appreciate the confidence you placed in us. Please take a moment to complete the following information. Please review all completed areas to ensure that the information is current and accurate. If you have any questions, please contact us.

Once completed, please print and bring with you to your appointment or alternatively, save and email the pdf to info@eyewestvisionclinic.com.

Patient Information

Title: Mr. Miss Mrs. Ms. Gender: Male Female

First Name: MI: Last Name:

Preferred Name: Email:

Address: Apt/Unit:

City: State: Zip:

Social Security Number: Date of Birth (mm/dd/yyyy):

Home Phone (include area code): Work Phone (include area code):

Spouse or Parent(s) Name: Person Responsible for Account:

When was your last eye exam?

When was your last physical? Physician:

Clinic Name & Location:

How were you referred to our office?

- | | | | |
|-------------------|----------|---------------|--------|
| Advertisement | School | Phone Book | Doctor |
| Insurance Listing | Drive By | Family/Friend | Other |

IF YOUR INSURANCE POLICY IS NOT IN YOUR NAME, PLEASE PROVIDE THE FOLLOWING:

Policy Holder's Name: Policy Holder's Date of Birth:

Patient Relationship to Policy Holder: Self Spouse Child Other

Primary Medical Insurance

Name of Primary Medical Insurance Company:

Identification Number:

Group Number:

Secondary Medical Insurance

Name of Secondary Medical Insurance Company:

Identification Number:

Group Number:

Do you have vision insurance separate from your medical plan? Yes No If yes, who?

If VSP (Vision Service Plan) who is the policy holder?

Policy Holder's SSN or VSP ID Number:

Notice of Privacy Practices - Acknowledgement

At EyeWest Vision Clinic we keep a record of the health care services we provide to you. You may request a copy of your medical record in writing. We will not disclose your record to others unless you direct us to do so or unless legal authorities authorize or compel us to do so. You may request a copy of your medical record or get more information by contacting the EyeWest Vision Clinic Privacy Officer. Our Notice of Privacy Practices is available at the reception desk and is posted in the clinic. The Notice describes in greater detail how your health information may be used or disclosed, and how you can access your information. You are entitled to a copy of this Notice and it is available at your request.

I acknowledge the Notice of Privacy Practices has been offered to me and is readily available in accordance with the Health Insurance Portability and Accountability Act.