

Welcome Back to Golden Triangle Optometric Center

Has your contact or employer information changed from last year? Yes / No *If yes, please update information below.*

Name _____ Birthdate ____ / ____ / ____ SSN _____

Address _____ Apt. # _____ City _____ State _____

Zip Code _____ Home Phone _____ Work Phone _____

Cell Phone _____ Employer _____ Occupation _____

E-Mail _____

What is the main reason for your visit today? _____

Do you wear any Contact lenses? YES / NO If yes, please specify type/brand: _____

Has there been any changes to your **Medical History**? YES / NO if yes, please specify: _____

Has there been any changes to your **Eye History**? YES / NO if yes, please specify: _____

I acknowledge receipt of Golden Triangle Optometric Center's Notice of Privacy Practice

X _____ Date completed _____