Patient Registration

Please complete all the information below

Name: Last First Middle	Social Security Number	Doctor
Home Address: (Apt)	Preferred Name	Occupation
City State Zip	Employer	
Home Phone: Business Phone:	Employer Street Address	
Cell Phone:	City State Zip	
Date of Birth / Sex / Marital Status	Spouse Name	Spouse Business Phone
	Patient e-mail address	

Emergency Contact – Other than Spouse

Name: Last First	**Are you from outside metro Atlanta? Where do you plan to stay?**
Home Phone Business Phone	Atlanta Address (hotel, friend, etc.)
Relationship	Atlanta Phone

Activities and Interests

Recommendations for surgery depend upon visual needs. What are your activities and interests?

- Golf
- Tennis
- Biking
- Skiing
- Dancing
- Family/Kids
- Movies
- Books/ Reading
- Running/walking
- Dining Out
- Gardening
- Theatre
- Museums/The Arts
- Travel
- Other (please specify)

Where do you currently obtain your eye care?

____

Date of last exam?

____

What main source influenced your decision to choose Emory Vision?

- Referring doctor (name?)_________________________
- Emory Vision patient ____________________________
- Emory employee
- Friend/Family
- Internet Source:____________________________
- Newspaper
- Magazine
- Radio
- Television What show/ station? ________________
- Other ____

Authorization for Release of Information

I hereby authorize Emory Vision to release any medical information to my referring physician or insurance company. I further understand that I can withdraw this consent for release of information at any time prior to this expiration date except to the extent that action has been taken in reliance hereon.

I hereby authorize the use of data from my visual examinations/measurements performed at Emory Vision for scientific publication and research. I understand that my data will remain confidential as it will be pooled with the data of other patients and my name will not be used at any time.

Signature: ____________________________________

Date: ____________________________________