

Patient Demographics

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Title: Circle One: Mr. Mrs. Miss. Ms. Dr. **Suffix:** Circle One: Sr. Jr. I. II. III. IV.

Preferred Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: (____) _____ **Work Phone:** (____) _____ **Cell Phone:** (____) _____

May we communicate with you by text? Yes No **Email Address:** _____

Preferred Contact for Appointments: Phone Text Email

Sex: Check One: Male Female **Date of Birth:** ____/____/____

Social Security Number: ____/____/____ **Preferred Language:** _____

Patient Marital Status: Check One: Married Single Divorced Legally Separated Widowed

Spouse or Parent Name: _____ **Contact Number:** (____) _____

Patient Employment Status: Check One: Employed Full Time Employed Part Time Not Employed
 Full Time Student Active Military Retired Military Retired

Patient Employer: _____ **Occupation:** _____

Referred By: Check One: Patient Physician Walk-In Yellow Pages Other

Race: Check One: American Indian Asian Black or African American Hispanic Caucasian
 Native Hawaiian/Other Pacific Island Other: _____

Emergency Contact: Name: _____ Relationship: _____

Phone Number: (____) _____

MOST INSURANCE POLICIES PAY ONLY A PORTION OF YOUR TOTAL CHARGES. IF YOU HAVE ANY QUESTIONS ABOUT YOUR COVERAGE, PLEASE CONTACT YOUR INSURANCE REPRESENTATIVE. WE DO NOT GUARANTEE THE ACCURACY OF THE BENEFIT INFORMATION GIVEN TO US BY INSURANCE COMPANIES. PLEASE UNDERSTAND THAT FINANCIAL RESPONSIBILITY FOR YOUR ACCOUNT IS YOURS, NOT THE RESP OF YOUR INSURANCE COMPANY. I AUTHORIZE THE RELEASE OF ANY MEDICAL OR OTHER INFORMATION NECESSARY TO SERVICES RENDERED OR TO MYSELF IF THE PROVIDER DOES NOT ACCEPT ASSIGNMENT. I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY BALANCE MY INSURANCE COMPANY DOES NOT PAY.

Signature

Date

OVER →

**Jack E. Hopkins, O.D., F.A.A.O.
Kathleen Yang, O.D.
M.D. Medical Tower
8121 National Avenue
Suite 409
Midwest City, OK 73110
405-737-8935**

Patient Name: _____

Effective April 2003, federal law requires us to offer you a copy of our privacy notice. We are also required to obtain your acknowledgment that you have reviewed the policy.

Please read and sign below:

I have reviewed/been offered a copy of the privacy notice.

Signature: _____ **Date:** _____