

**FORNARA EYE CENTER**

Due to new government regulations, we are now required to ask the following questions:

**Patient Name:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Primary Care Physician:** \_\_\_\_\_

**PREFERRED COMMUNICATION**

**Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Cell Carrier:** \_\_\_\_\_

**With whom may we leave messages with:**

\_\_\_\_\_ **Relationship** \_\_\_\_\_

\_\_\_\_\_ **Relationship** \_\_\_\_\_

**With whom may we discuss medical info with:**

\_\_\_\_\_ **Relationship** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

\_\_\_\_\_ **Relationship** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Primary language spoken:** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Ethnicity:** Hispanic \_\_\_\_\_ NonHispanic \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**