

## DEPENDENT/CHILD

PATIENT INFORMATION		Today's Date:				
Last Name:	First Name:	M.I.:	Nickname:	Gender:	Age:	Birthdate:
School:	Grade:	Social Security Number:		Referred by:		
Preferred Language:	Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian					
<input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Other Pacific Islands <input type="checkbox"/> White						
Communication Preference: <input type="checkbox"/> E-Mail <input type="checkbox"/> Postal <input type="checkbox"/> Telephone <input type="checkbox"/> Text						

Do both parents live with the patient? Yes  No  If not, who has legal custody? \_\_\_\_\_

PARENT INFORMATION			
Father's Name:		Date of Birth:	
Address:	City:	State:	Zip Code:
Telephone: (Home)	(Cell)	Social Security Number:	
Employer:	Occupation:		
Employer's Address & Phone:			
Mother's Name:		Date of Birth:	
Address:	City:	State:	Zip Code:
Telephone: (Home)	(Cell)	Social Security Number:	
Employer:	Occupation:		
Employer's Address & Phone:			
Other Guardian's Name:		Date of Birth:	
Address:	City:	State:	Zip Code:
Telephone: (Home)	(Cell)	Social Security Number:	
Employer:	Occupation:		
NEAREST RELATIVE NOT LIVING WITH YOU			
Name:		Relationship:	
Address:	City:	State:	Zip Code:
Telephone: (Home)	(Cell)		

INSURANCE INFORMATION		
Name of Insurance Company:	Primary Vision or Medical Ins	Secondary Vision or Medical Ins
Name of Employee:		
Employee's SSN:		
Employee's Birth Date:		
Employee's ID Number:		
Employee's Group Number:		

While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility.

### ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY:

**I certify that the above is correct and I realize that if the account is not paid all collection fees, attorney fees, and court costs incurred to collect the balance of the account also becomes my responsibility.**

\_\_\_\_\_  
Signature of Parent/Insured

\_\_\_\_\_  
Signature of Dependent over 18