



New Patient Intake Form

Patient Information

Patient Full Name:

Date of Birth (MM/DD/YYYY):

Age:

Gender: Male Female

Address:

Street

City

State

Zip

Parent/Guardian Information

Parent/Guardian Name #1:

Parent/Guardian DOB:

Relationship to Patient:

Address:

Street

City

State

Zip

Phone Number:

Email Address:

Employer/Occupation:

Parent/Guardian Name #2:

Parent/Guardian DOB:

Relationship to Patient:

Address:

Street

City

State

Zip

Phone Number:

Email Address:

Employer/Occupation:

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| Medical Insurance Information |
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******PLEASE INCLUDE FRONT AND BACK COPY OF YOUR INSURANCE CARD******

Primary Insurance Company:

Subscriber Name:

Subscriber Date of Birth:

Policy/Member ID #:

Group #:

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| Vision Plan/Other Insurance Information |
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******PLEASE INCLUDE FRONT AND BACK COPY OF YOUR INSURANCE CARD******

Insurance Company:

Subscriber Name:

Subscriber Date of Birth:

Policy/Member ID #:

Group #:

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| Referring Provider/Primary Care Physician/Pharmacy |
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Referring Provider Name:

Phone Number:

Primary Care Physician Name:

Phone Number:

Pharmacy:

Pharmacy Address:

Pharmacy Phone Number:

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|-----------------------------------------------|
| Reason for Appointment/Medical History |
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Please check all that apply or describe any conditions below:

Lazy Eye (Amblyopia)

Strabismus (Eye Turn)

Blurry Vision

Eye Injury

Eye Surgery

Failed Vision Screening

Double Vision

Eye Pain

*Referral

Other:

* Please send in a copy of your referral and notes from referring provider.

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| Authorization and Consent |
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I hereby authorize the release of medical information to my insurance company for processing claims and consent for treatment by the providers of the Virginia Pediatric Eye Center.

Parent/Guardian Signature:

Date:

Please submit completed New Patient Intake Form and copies of your insurance cards by replying to the email or sending to appointments@virginiapediatricseye.com with Subject line "New Patient Intake Form"

For any questions or concerns please contact us at 757-461-0050 option 1. Thank you!