



WELCOME TO THE OFFICE OF DR. FRANCIS KUO

MR. MRS. MS. MISS DR. _____ DATE: _____

PATIENT'S NAME _____ AGE _____
LAST FIRST MI

PREFERRED NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____ HOME PHONE _____

CITY _____ STATE _____ ZIP _____ PRIMARY PHONE _____

MAILING ADDRESS (IF DIFFERENT) _____ CELL PHONE _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER XXX-XX- _____ E-MAIL ADDRESS _____

EMPLOYER _____ OCCUPATION _____

SPOUSE'S NAME _____ OCCUPATION _____

WHO MAY WE THANK FOR REFERRING YOU TO THIS OFFICE _____

FAMILY FRIEND INSURANCE LISTING INTERNET OTHER, EXPLAIN _____

*****MEDICAL INFORMATION*****

PRIMARY PHYSICIAN _____ HEALTH CONCERNS _____

CURRENT MEDICATIONS _____

CIGARETTE/TOBACCO USE: NEVER ___ CURRENT ___ HOW MUCH? ___ FORMER ___ WHEN QUIT? _____

ALCOHOL: NONE _____ SOCIAL USE _____ 1-2 PER DAY _____ MORE _____

OTHER SUBSTANCE(S): NONE ___ YES ___ WHAT SUBSTANCE? _____

ALLERGIES _____

PRIOR EYE ACCIDENTS/INJURY/SURGERIES _____

*****IN CASE OF AN EMERGENCY, PLEASE CONTACT*****

NAME _____ RELATIONSHIP _____

PHONE # (HOME) _____ (WORK) _____

ADDRESS _____ CITY/STATE/ZIP _____

Race (Check all that apply):

American Indian/Alaskan Native Asian Black/African American Hispanic

Native Hawaiian/Other Pacific Islander White/Caucasian Decline to Specify

Ethnicity:

Hispanic or Latino Not Hispanic or Latino Decline to Specify

THANK YOU!