Dr. Luelinda Tomlin, Optometrist
4409 E. Los Coyotes Diagonal
Long Beach, CA 90815
(562) 437-1276

Patient Information Record

Name: Today's Date:
Address: City: State: Zip:
Soc. Sec#: Birth Date: Home Phone:
Cell Phone: Email:
Check the appropriate box: Minor Single Married Divorced
Purpose of today's visit: Exam for: Glasses Contacts / Medical Office Visit
Patient Employed By: Work Phone:
Work Address: City: State: Zip:
*If Student, Name of School/College: City: State:
Part Time Full Time Grade Level:
Referred by: Name: Google Yelp Insurance Provider List
Saw office while shopping at Ralph's Circle Center Other:
Have you, or a member of your family, been a Patient here before? If yes, Name:
Person to notify in case of Emergency: Phone:

Responsible Party (if other than Self)

Name: Relationship to Patient:
Address: Home Phone:
Driver's License#: Birth Date: Employer:
Work Phone: Soc. Sec#:
Preferred Method of Payment: Cash Credit Card Insurance Name:

Insurance Information

Primary Vision Insurance: Phone:
Ins Co. Address: City: State: Zip:
Name of Insured Person: Birth Date: Soc. Sec#:
Name of Employer: Work Phone: Group #:
Employer Address: City: State: Zip:

Secondary Major Medical Insurance: Phone:
Ins Co. Address: City: State: Zip:
How much is your deductible? Have you satisfied your deductible?
Name of Insured Person: Birth Date: Soc. Sec#:
Name of Employer: Work Phone: Group #:
Employer Address: City: State: Zip:

Please continue to second page

You use your eyes in many different ways for work, school, home, chores, hobbies, and sports. The more we know about your various visual tasks, the better able we will be to help you relieve or eliminate any symptoms of eye problems you are experiencing. Sometimes an adjustment in your environment, such as a change in lighting or workstation, is all that is necessary. If prescription lenses are required, we want to be certain your eyewear meets your vision demands, eye safety needs, and lifestyle. You can be assured we will give you all the solutions to your visual needs. It will then be up to you to choose which ones are the most important to you.

What is your occupation?

Please describe what you do: ______________________________

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Hours per day spent reading or doing close work?

Do you read or watch TV while reclining or in bed?

Do you use a computer?

Hours per day?

Do you have problems seeing the monitor?

Experience back or neck pain?

Please check the recreational activities in which you participate:

Baseball/Softball	Golf	Skiing, Skating, etc.
Bike/Motorcycle Riding	Home Workshop	Soccer, Football, etc.
Card/Game Playing	Hunting/Shooting	Swimming, Scuba, etc.
Crafts, etc.	Music	Tennis/Racquetball
Gardening	Reading	TV Viewing

Other (specify):

Do you have any interest in contact lenses?

Laser Vision Correction?

Please list below any eye care needs, comments, or questions you may have. We are here to serve you and to provide you with the finest eye care available today.

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Thank you for selecting us to provide your visual care. Our goal is to ensure that you receive the finest, up to date service available in a warm and caring atmosphere. Thank you for taking the time to complete the information. It is designed to assist us in providing you with efficient, quality optometric care. If you have any questions, our staff will be pleased to assist you.

Dr. Luelinda Tomlin