

University Eye Specialists, LTD

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Chicago, IL 60611
P: (312)475-1000

1535 Lake Cook Rd., Suite 305
Northbrook, IL 60062
P: (847)562-4330

NEW PATIENT REGISTRATION FORM

Doctor (circle one): Dr. Rosenberg Dr. Ruderman Dr. Yang Dr. Cervantes

Name: _____ Sex: M F

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Social Security #: _____ - _____ - _____

Occupation: _____

Employer Name: _____

Ethnicity / Race: _____

E-mail Address: _____

Patient Relationship to Person Responsible for Account (circle one):

Self Spouse Son Daughter No Relation

EMERGENCY CONTACT (whom may we release medical information to?)

Name: _____ Relationship: _____ Phone #: _____

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ACCOUNT RESPONSIBLE INFORMATION

***PLEASE COMPLETE THE FOLLOWING SECTION IF THE PERSON RESPONSIBLE IS SOMEONE OTHER THAN THE PATIENT.

Name: _____ Sex: M F

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext: _____

Date of Birth: _____ Social Security #: _____ - _____ - _____

INSURANCE INFORMATION

***IF YOUR INSURANCE CARDS ARE AVAILABLE FOR US TO COPY, YOU DO NOT NEED TO FILL OUT THIS SECTION.

PRIMARY INSURANCE COMPANY: _____

Name of Insured (if other than self): _____

ID/SS#: _____ Group #: _____

Group Name: _____

SECONDARY INSURANCE COMPANY: _____

Name of Insured (if other than self): _____

ID/SS#: _____ Group #: _____

Group Name: _____

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REFERRAL SOURCE

Who referred you to our office? (circle one): Primary Care Doctor Ophthalmologist

Friend Optometrist Insurance Co. Yellow Pages Northwestern Referral Service

Name of Referral Source: _____

Address of Referral Source: _____

City: _____ State: _____ Zip: _____

Referral Source Phone #: _____

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MEDICAL DOCTOR INFORMATION

Medical Doctor Name: _____

Medical Doctor Address: _____

City: _____ State: _____ Zip: _____

Medical Doctor Phone #: _____ Fax #: _____

Medical Doctor Email Address (if known): _____

Thank you very much for your cooperation.