



# Carolina Cataract & Laser Center, P.A.

4700 Falls of Neuse Road • North Tower Suite 180 • Raleigh, NC 27609 • 919-862-9090 • 919-862-9011 fax

Today's Date: \_\_\_\_\_

## PATIENT INFORMATION

Patient Name (Last)		First	MI	Name Normally Used (Nickname)	
Mailing Address		City	State	Zip Code	
Home Phone (Area Code and Phone #)		Cell Phone (Area Code and Phone#)		Work Phone (Area Code and Phone#)	
Patient's Date of Birth	Sex	Marital Status	Social Security Number		Email Address
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic		Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:			
Race: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Filipino <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other					

## EMERGENCY INFORMATION

Emergency Contact Name		Relationship	Phone Number (If Spouse, please put Spouse's Cell Phone)
Occupation (Patient)	Patient's Employer		Employer Address
Name of Last Eye Doctor Seen Area Code and Phone # (     ) Address		Name of Last Medical Doctor Area Code and Phone # (     ) Address	

## PHARMACY YOU PREFER TO USE

Name	Address	Phone
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## HOW DID YOU HEAR ABOUT CCLC (PLEASE CHECK ONE BELOW)

Optometrist/Ophthalmologist (Name \_\_\_\_\_ )  
 Medical Doctor (Name \_\_\_\_\_ )  
 Previous Patient     Family Member     Friend  
 Insurance Company     Yellow Pages     Newspaper     Internet