Beall Optical

3001 North Ashley Street • Valdosta, Georgia 31602
229.247.8484 • 229.247.7996 fax

PATIENT INFORMATION

Personal Information

_____
First Middle Last

Address
_____
_____
_____ _____ _____
City State Zip

_____
Primary Phone Number

_____
Secondary Phone Number

_____
Email Address

Emergency Contact Information

_____
First Middle Last

_____
Relationship

_____
Home Phone Number

_____
Cell Phone Number

Circle: Single / Married / Other

Circle: Male / Female

SSN _____

DOB _____ Age _____

INSURANCE INFORMATION

Medical Insurance

_____
Primary Insurance

_____
Policy Number

Vision Insurance

_____
Primary Insurance

_____
Policy Number

Please tell us how you heard about us! _____

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Name: _____ **DOB:**_____ **Date:**_____

PERSONAL HISTORY (Check if applicable)

□ Anemia / Bleeding Disorders
□ Breathing Problems / Asthma
□ Cataracts
□ Headaches / Migraines / Seizures
□ High Blood Pressure / Strokes
□ Kidney Problems
□ Rheumatoid Arthritis
□ Thyroid Problems / Diabetes
□ Blood Clots / High Cholesterol
□ Cancer
□ Glaucoma
□ Heart Disease / Heart Attacks
□ Immune System Problems / HIV
□ Macular Degeneration
□ Sinus Problems / Allergies
□ Other _____

PAST EYE / VISION PROCEDURES AND SURGERIES

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

FAMILY HISTORY (Check if applicable)

□ Arthritis
□ Cataracts
□ Glaucoma
□ High Blood Pressure
□ Bleeding Disorders
□ Diabetes
□ Heart Disease
□ Macular Degeneration