

Dennis R. Richardson, O.D.

Welcome to Pismo Beach Optometric Center

Full Legal Name: _____ Date: _____

Nickname or name you prefer _____

Date of Birth _____ SS # (Last 4 digits only) XXX-XX- _____

Address _____ City _____ ZIP _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address _____

Spouse's Name, if married _____

Parent's name, if child _____

Employer/School _____ Occupation/Grade _____

Describe job duties _____

Retired? What was your occupation _____

How much do you use a computer? _____

Hobbies, recreation, and activities _____

Last Vision Exam _____ Last eye doctor _____

Do you now wear, or have you ever worn glasses? _____ Contact lenses? _____

What type of Contact Lens? Gas permeable/Soft/Soft for astigmatism: Daily wear/Extended wear

Have you had any problems wearing contact lenses? _____

Are you interested in wearing contact lenses? _____ Refractive surgery (Lasik)? _____

Vision insurance plan _____ Medical Insurance plan(s) _____

Why did you select our office? Patient referral Doctor referral Insurance list Yellow pages Web site

Live nearby Drove or walked by Other _____

Whom may we thank for referring you to our office? _____

THANK YOU FOR SELECTING OUR OFFICE