



# Confidential Patient Information

*For Edward L. Paul, Jr., O.D., Ph.D.*

*Sara W. Brigman, O.D.*

Thank you for choosing our practice for your eye care needs.

**Name** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone #** \_\_\_\_\_ **Cell #** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **Male / Female**

**Whom may we thank for referring you to us?** \_\_\_\_\_

**Are You:**    Minor    Married    Divorced    Widowed    Single    Separated

**Employment Status:**    Retired    Full Time    Part Time    Self Employed    Student

**Preferred Language:**

English

French

Japanese

Spanish

Decline to Specify

**Race:**

Caucasian

Black or African American

Hispanic

Asian

Native Hawaiian /Pacific Islander

American Indian/Alaska Native

Decline to Specify

**Ethnicity:**

Not Hispanic or Latino

Native Hawaiian/Pacific Islander

Hispanic or Latino

Decline to Specify

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_