



Welcome to the Covina Hills Optometric Group

Please complete this **Computer Data Form** so we may better serve you.

Last: _____ Middle Initial: _____ First: _____

Preferred name to be called: _____

Name of guardian (If Applicable): _____

Name of Vision Plan or Insurance: _____

Your Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ X _____

Cell Phone: _____ E-Mail: _____

Best number to contact you: Home Phone Work Phone Cell Phone

Patient Gender: Male Female Date of Birth: _____

Social Security Number: _____ Marital Status: _____

Employer: _____ Occupation: _____

How did you learn about our office?

Previous Patient

Drive by

Insurance List

Internet

Mailer

I was Referred

Walk-In Appointment

Phone Book

If you were referred, whom may we thank? _____

Please list the names of family members living with you:

Please print out this completed form and bring it with you on the day of your appointment.