



Date:_____

FLORIDA LIONS EYE CLINIC
239-498-3937

LAST NAME_____ FIRST NAME_____

DATE OF BIRTH _____PHONE NUMBER () _____

DO YOU HAVE INSURANCE? YES _____ NO _____ MEDICARE? _____ MEDICAID? _____

HAVE YOU BEEN HERE BEFORE? YES _____ NO _____

HOW MANY PEOPLE ARE LIVING WITH YOU? ADULTS _____
MINORS _____

HOW MUCH IS YOUR MONTHLY INCOME? \$ _____

HOW MUCH IS YOUR PARTNERS INCOME? \$ _____

CITY _____ ZIP CODE _____

REASON FOR VISIT _____



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