

# Acadian Vision Associates

## For a Lifetime of Healthy Vision

225 N College Rd \* Lafayette, LA 70506

[www.AcadianVision.com](http://www.AcadianVision.com)

Phone : (337)269-0505 \* Fax: (337)232-2347

### WELCOME TO OUR OFFICE Patient Registration

Patient Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Sex: M F

Mr. Mrs. Ms. Dr. \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ SS#: \_\_\_\_\_

Account Responsible Name: \_\_\_\_\_

Patient Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Family Members who are Patients: \_\_\_\_\_

Employer (or School): \_\_\_\_\_ Occupation (or grade): \_\_\_\_\_

Hobbies: \_\_\_\_\_

Do you wear: Glasses Contact Lens Both (Please circle one)

If Contact Lenses, what kind? \_\_\_\_\_ Solutions used: \_\_\_\_\_

Average # of hours worn daily: \_\_\_\_\_ Average # of days sleeping in lenses? \_\_\_\_\_

# of hours worn today: \_\_\_\_\_ Or last worn: \_\_\_\_\_

Are you interested in contact lenses? Yes No

What kind? Soft Gas Permeable Extended Wear Tinted Disposable BiFocal

Are you having any problems with your current glasses or contact lenses?

Please explain:

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Do you use a computer or VDT at work or at home? Yes No

What type of office lighting do you have? Incandescent or Fluorescent

Please indicate the method of payment you will use for today's services:

\_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_ Medicaid \_\_\_\_\_ Medicare