WELCOME TO THE OFFICE OF DR. FRANCIS KUO

DATE:_____

PATIENT'S NAME_____
LAST FIRST MIDDLE

PREFERRED NAME_____ BIRTHDATE_____

GENDER _____ PREFERRED PRONOUN_____

MAILING ADDRESS_____ HOME PHONE_____

CITY_____STATE_____ZIP_____ DAY PHONE_____

SSN XXX-XX-_____ E-MAIL ADDRESS_____CELL PHONE_____

EMPLOYER_____OCCUPATION_____

SPOUSE'S NAME_____OCCUPATION_____

WHO MAY WE THANK FOR REFERRING YOU TO THIS OFFICE _____

___FAMILY ___FRIEND ___ INSURANCE LISTING ___INTERNET ___OTHER, EXPLAIN_____

**********MEDICAL INFORMATION**********

PRIMARY PHYSICIAN_____ HEALTH CONCERNS_____

CURRENT MEDICATIONS_____

CIGARETTE/TOBACCO USE: NEVER____ CURRENT____ HOW MUCH?_____ FORMER_____ WHEN QUIT? _____

ALCOHOL: NONE _____SOCIAL USE_____ 1-2 PER DAY_____ ABOVE AVERAGE_____ DEPENDENCE_____

CANNABIS: NONE_____ MEDICAL USE _____ RECREATIONAL USE_____ DEPENDENCE _____

NARCOTICS: NONE_____ RECREATIONAL USE _____ DEPENDENCE _____

ALLERGIES_____

PRIOR EYE ACCIDENTS/INJURY/SURGERIES_____

ARE YOU PREGNANT? _____ IF YES, WHAT MONTH? _____

**********IN CASE OF AN EMERGENCY, PLEASE CONTACT**********

NAME_____RELATIONSHIP_____

PHONE # (HOME)_____(WORK)_____

ADDRESS_____CITY/STATE/ZIP_____

Race (Check all that apply):
_____ American Indian/Alaskan Native _____ Asian _____ Black/African American _____ Hispanic _____ European
_____ Native Hawaiian/Other Pacific Islander _____ White/Caucasian _____ Decline to Specify

Ethnicity:
_____ Hispanic or Latino _____ Not Hispanic or Latino _____ Native Hawaiian/Other Pacific Islander _____ Decline to Specify

THANK YOU!