

# Carrboro Family Vision

Matthew Vizithum, OD

Jason Chow, OD

Name : \_\_\_\_\_, \_\_\_\_\_  
Last First MI

(parent/guardian if minor) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Preferred Method of Communication: Telephone / Email

Are You?  Single  Married  Partnered  Divorced  Widowed  Separated

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Do you wear contacts? Yes / No || Are you interested? Yes / No

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

If not a personal reference: Internet / Insurance / Other

How do you use your eyes? Do you...

- Drive frequently at night?
- Read extensively?
- Swim?
- Participate in outdoor activities?
- Use power tools?
- Spend more than five hours on the computer?