Neal M. Kubo, O.D., Inc.
Christine Ewing, O.D.
94-300 Farrington Highway ◆ Waipahu, Hawaii 96797
(808) 677-2333

PATIENT REGISTRATION FORM

Date:________________________________ **SS#:**__________________________________

Patient Name:____
(Last) (First) (Middle)

Sex: F ☐ M ☐ **Birthdate:**_____________________ **Age:**____________ **Single** ☐ **Married** ☐ **Other** ☐

Address:____ City:___________________ Zip:______________

Phone#: (H)_________________________ (W)__________________________ (C)___________________________

Email:____

Employed by:____ **Position:**_________________________________

Employer's Address:____

Vision Insurance:____
(Name) (Membership#) (Subscriber)

Medical Insurance:____
(Name) (Membership#) (Subscriber)

Primary Care Physician:____ **Phone#:**__________________________

Spouse / Parent / Responsible Party:____
(Name) (SS#)

____
(Address) (Phone#) (Birthdate)

Emergency Contact:____ **Phone#:**__________________________

Referred by:____

Do you wear glasses? Yes ☐ No ☐

Do you wear contact lenses? Yes ☐ No ☐ If yes, what type?_____________________________________

Do you have: Diabetes ☐ High Blood Pressure ☐ Heart Condition ☐ Lung Disease ☐ Thyroid Disease☐

Other:____

Are you taking any medications? Yes ☐ No ☐ Specify:____

Are you allergic to any medications? Yes ☐ No ☐ Specify:____

I authorize the staff of Drs. Neal M. Kubo and Christine Ewing to administer such treatments as reasonable or may be necessary in connection with the condition for which I or members of my family have sought care. I authorize this office to release portions of my records to any person, organization or agency which may be liable for any portion of the office charge. Children under 18 years of age must be accompanied by a parent or guardian. Payment is due at time service is rendered unless other arrangements have been made. I acknowledge that I have received a copy of Drs. Neal M. Kubo and Christine Ewing's Notice of Privacy Practices.

____ ______________________________

Signature (Parent or Guardian if under 18 years of age) **Date**