



Welcome to Babcock Eye Care, you made a great choice for your eye health needs! We are a family owned and operated business that has been serving Portsmouth since 1916. Dr. Joseph Babcock is a 3<sup>rd</sup> generation Optometrist and Dr. Taylor Babcock is 4<sup>th</sup> generation Optometrist. Both are committed to providing the highest quality eye care to the greater Portsmouth area.

**General Information:**

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

Gender:     Male     Female

If under 18, parent/guardian name: \_\_\_\_\_

Preferred phone #: \_\_\_\_\_  Home  Mobile  Work  Other: \_\_\_\_\_

Alternate phone #: \_\_\_\_\_  Home  Mobile  Work  Other: \_\_\_\_\_

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

Preferred Contact Method:\*  Text message  Email  Phone call  Other: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Marital Status: \_\_\_\_\_

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

Are you a student?     Yes     No    If yes, list school & grade: \_\_\_\_\_

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

Emergency contact name and phone #: \_\_\_\_\_

*\*By providing your contact information you acknowledge that our office staff may contact you by phone, text message, or email with any matters pertaining to your visit. If you DO NOT wish to be notified by phone, text message, or email please notify the front desk staff.*

**Insurance Information:**

*Please provide front desk staff with a copy of all insurance cards.*

**Vision Insurance**

Member name: \_\_\_\_\_

Member date of birth: \_\_\_\_\_ Member SSN number: \_\_\_\_\_

I.D. number: \_\_\_\_\_ Group number: \_\_\_\_\_

**Medical Insurance**

Primary

Member Name: \_\_\_\_\_

Member date of birth: \_\_\_\_\_ Member SSN number: \_\_\_\_\_

I.D. number: \_\_\_\_\_ Group number: \_\_\_\_\_

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

Secondary

Member Name: \_\_\_\_\_

Member date of birth: \_\_\_\_\_ Member SSN number: \_\_\_\_\_

I.D. number: \_\_\_\_\_ Group number: \_\_\_\_\_