



Gainesville Eye Physicians

TOTAL EYE CARE

LASER CATARACT SURGERY • FACIAL PLASTIC SURGERY

Dr. Kyle Balch, M.D. ❖ Dr. Ahmaida Zeglam, M.D. ❖ Dr. Eric Grieser

Patient Intake Sheet

Name(Last) _____ (First) _____ (MI) _____

Date of Birth _____ Social Security# _____

(Parent's Name if Pt is Minor): _____

Mailing Address _____ City _____ ST _____ Zip _____

Home Phone _____ Cell Phone _____ Sex M _____ F _____

E-Mail Address _____ Preferred Contact Method: Cell _____ Email _____ Text _____

Primary Care Physician _____

Last Name

First Name

Race _____ Ethnicity _____

American Indian or Native Alaskan

Hispanic or Latino

Asian

Non Hispanic or Latino

Black or African American

Declined to Answer

Pacific Islander

White

Preferred Language

Declined to Answer

Insurance Information:

Primary Ins: _____ Secondary Ins: _____

Policy Holder: _____ Policy Holder D.O.B: _____

The following individual(s) has my consent to discuss my medical records or conditions:

Name Relationship Phone Number

Patient Signature Print Date