

---

**Robert M. Allar M.D.**  
*Retina and Vitreous Specialist*

Naperville: (630)-717-1311  
Hoffman Estates: (847)-884-8455

---

We are participating in the government's Electronic Medical Record's Program, which includes Meaningful Use Requirements. This is intended to improve care coordination and ensure security and privacy provisions for personal health information.

*Please complete this form so that we can have accurate information about you.*

**Patient Name:** \_\_\_\_\_

**Date of Birth:**        /        /                      **Gender:**     M                       F

**Preferred Language:**

English                       Spanish                       Other

**Contact Method:**

Unspecified                       Cell Phone:  
 Home Phone:                       Work Phone:

**Race:**

White                       Black or African American                       Asian  
 Native Hawaiian or Pacific Islander                       American Indian or Alaskan Native

**Primary Insurance Type:**

PPO                       POS                       HMO                       Medicare

**Smoking Status:** Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Current, every day smoker     Current, part-time smoker     Former smoker  
 Smoker                       Never smoked                       Current status unknown

**Ethnicity:**

Hispanic or Latino                       Not Hispanic or Latino