

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

Naperville: (630)-717-1311
and (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