

Oroville Vision Optometric Group
Steven Rocchi, O.D. & Michael Spanfelner, O.D.

NEW PATIENT
Confidential Patient Information

Today's Date: _____

Patient Name: _____ Date of Birth: _____

Male _____ Female _____ Social Security Number _____

Contact Phone: _____

E-Mail: _____

Mailing Address: _____

Date of Last Eye Exam: _____

Glasses Prescribed: Yes _____ No _____ Contact Lenses Prescribed: Yes _____ No _____

Occupation: _____ Employer: _____

Unemployed _____ Retired _____ Student _____ Full time _____ Part time _____

Hobbies: _____

Primary Care Physician: _____