



DEMOGRAPHICS

BASIC INFORMATION:

Salutation (Mr., Mrs., Dr., etc.): _____ Suffix (Jr. Sr.,) _____ Preferred Name: _____

Legal Name: _____ Last Name: _____ Middle Name: _____

Date of Birth: _____ Age: _____ SSN: _____ Gender: _____

Status: New _____ Established _____

We are required to collect the following data:

Race: Check which one applies.

_____ White _____ Hispanic/Latino _____ African American _____ Alaska Native or American Indian

_____ Asian _____ Hawaiian Native or Pacific Islander _____ Other _____ Decline

Ethnicity: _____ Hispanic or Latino _____ Non Hispanic or Latino _____ Decline

Preferred Language: _____ English _____ Spanish _____ Portugese _____ Mandarin _____ Other _____ Decline

ADDRESS:

Address: _____ City/State/Zip: _____

PHONE/E-MAIL:

Home: _____ Work: _____ Cell: _____

Email: _____ (we are required to gather this info. for under 3 and over 65)

What is the best way to notify you of eyewear ready, appt reminders Phone Call Text Message Email

Please circle those that apply

EMPLOYMENT:

Employer _____ Address: _____

Phone: _____ City, State, Zip _____

Part-Time: _____ Full-Time: _____

INSURANCE:

Policy Holder's Name: _____ SSN: _____ Date of Birth: _____

Employer: _____ Address: _____

Phone: _____ City, State, Zip _____

1. Priority: Primary _____ Secondary _____ Type: Medical _____ Vision _____

Insurance Company Name: _____ Policy Number: _____

Group Number: _____ Co-Pay: _____

2. Priority: Primary _____ Secondary _____ Type: Medical _____ Vision _____

Insurance Company Name: _____ Policy Number: _____

Group Number: _____ Co-Pay: _____