

**Welcome to Tumwater Eye Center Inc.  
Demographic Form**

**Thank you for choosing us to provide you with the best comprehensive eye care.  
Please complete the following information.**

Mr.  Mrs.  Ms.  Miss.  Dr.  Male  Female

\_\_\_\_\_  
First, MI, Last Name Nick Name Date of Birth

\_\_\_\_\_  
Street Address/PO Box City State/Zip

\_\_\_\_\_  
Home Phone Cell/Day Phone Email Address

\_\_\_\_\_  
Preferred Method of Contact Social Security Number

\_\_\_\_\_  
Employer Occupation

\_\_\_\_\_  
How Did You Hear About Our Office?

Marital Status:   \_\_ Single           \_\_ Married   \_\_ Divorced   \_\_ Widowed   \_\_ Separated  
Preferred Language: \_\_ English       \_\_ Spanish   \_\_ Chinese   \_\_ Russian   \_\_ Other  
Race:                \_\_ White       \_\_ Black     \_\_ Asian     \_\_ Islander   \_\_ Other  
Ethnicity:           \_\_ Non Hispanic   \_\_ Hispanic   \_\_ Unknown

**Insurance Information:**

\_\_\_\_\_  
Primary Medical/Vision Insurance ID Number

\_\_\_\_\_  
Subscriber Name Date of Birth Relation to Patient

\_\_\_\_\_  
Secondary Medical/Vision Insurance ID Number

\_\_\_\_\_  
Subscriber Name Date of Birth Relation to Patient

**Account Responsibility: If the financially responsible party is different from what is listed above, please complete the following:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_