



SHEINKOPF & TOMASIK
EYE CARE ASSOCIATES

Dr. Thomas D. Tomasik

Dr. Ashley Jadene Stevens

Optometrists

Demographic Addendum

As a part of a government initiative, our office is being asked to gather the following information. Please make your selections below. Thank you for your assistance.

Today's Date: _____

Preferred Language:

___ English

___ Portuguese

___ Spanish

___ French

Race:

___ White alone

___ Black or African American alone

___ American Indian and Alaskan Native alone

___ Asian alone

___ Native Hawaiian and other Pacific Islander alone

___ Hispanic

Ethnicity:

___ Native Hawaiian and other Pacific Islander

___ Hispanic or Latino

___ Not Hispanic or Latino

Communication Preference:

___ Postal

___ Telephone

___ E-Mail