

Beverly Hills Eye Associates

450 NORTH BEDFORD DRIVE, SUITE 101
BEVERLY HILLS, CA 90210

PHONE: (310) 274-9205
FAX: (310) 274-7229

DEMOGRAPHICS

As part of the Federal Government mandate to transition to Electronic Medical Records, we are required to update the following information.

Thank you for your cooperation.

NAME: _____

GENDER: Male/Female/Other

DATE OF BIRTH: ____/____/____

PREFERRED LANGUAGE: _____

ETHNICITY:

- Hispanic/Latino
- Not Hispanic or Latino
- Refused to Answer

RACE:

- American Indian
- Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Refused to Answer
- Other

EMAIL ADDRESS: _____

PREFERRED METHOD OF CONTACT:

- Email
- Phone
- SMS
- Mail

Employee Initials _____