

## Patient Demographics Survey

Winston Eye Care is taking part in a Medicare initiative to better serve our patients in the area. You will find a few frequently asked questions to help you better understand this process.

### Why are we asking you these questions?

This survey is an essential component of our quality control initiative which will help us measure, qualify and quantify health care processes as well as outcomes and patient perception. Our goal is to provide the highest quality health care possible. Your input is highly appreciated. We would like to remind you that any information you provide in this or any of our forms is strictly confidential. We employ the highest level security to ensure your information is safe in our hands.

### Why I am required to take this survey?

Although not all patients are required to take this survey, this helps us better understand our patients and pass along all pertinent information to your healthcare provider.

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Account # \_\_\_\_\_

1. What is your primary language? \_\_\_\_\_

2. Do you have special needs?

- Hearing Impaired
- Need translator
- Need wheel chair

3. What is your race?

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other pacific islander
- White
- Other Race
- Decline to answer

4. What is your ethnicity?

- Not Hispanic or Latino
- Hispanic or Latino
- Unknown
- Decline to answer

5. What is your mother's maiden name? (Optional) \_\_\_\_\_

6. What state were you born in? \_\_\_\_\_