

Olathe Family Vision



Patient's Name: _____

We are now **required to collect government requested data** as follows. The information you provide will be used for reporting purposes only.

Race

- White
- Black / African American
- Asian
- American Indian / Alaska Native
- Decline

Ethnicity

- Hispanic / Latino
- Not Hispanic / Latino
- Decline

Language

- English
- Spanish
- Indian
- Russian
- Decline

Signature _____

(If patient is under the age of 18, parent or guardian signature is required)

Date _____