



Dr. Jon VanWagnen
Welcome to our office!

Legal Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Daytime Phone (if different): _____

Cell Phone: _____ Date of Birth: _____

Last 4 digits of SSN: _____ Sex: M F Marital Status: M S

Employer: _____ Occupation: _____

Communication preferred: Telephone Postal

Preferred Language: English Spanish Other

Race: Ethnicity:

Native American/Native Alaskan

Hispanic/Latino

Asian

Native Hawaiian/Other Pacific Island

Black/African American

Not Hispanic/Latino

Hispanic

Native Hawaiian/Other Pacific Island

White

Last Eye Exam: _____ Doctor: _____

Contact lens wearer? Y N

Are you interested in contacts today? Y N