



Medical offices are required to collect information regarding the race and ethnicity of our patient populations. This allows the Healthcare Administration to plan for and develop a healthcare system that meets the needs of all people.

Please assist us by providing this information and by making the most appropriate selection regarding race and ethnicity from the choices listed below.

RACE (please select one)

- _____ WHITE A person having origins in or who identifies with any of the original Caucasian peoples of Europe, North Africa or the Middle East.
- _____ BLACK A person having origins in or who identifies with any of the black racial groups of Africa.
- _____ NATIVE AMERICAN/ESKIMO/ALEUT
A person having origins in or who identifies with any of the original people of North America, and who maintains cultural identification through tribal affiliation or community recognition.
- _____ ASIAN/PACIFIC ISLANDER
A person having origins in or who identifies with any of the original oriental peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. Includes Hawaii, Laos, Vietnam, Cambodia, Hong Kong, Taiwan, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- _____ OTHER Any possible options not covered in the above categories. Includes patients who cite more than one race.
- _____ UNKNOWN A person who cannot or declines to declare race.

ETHNICITY (please select one)

- _____ NON-HISPANIC
- _____ HISPANIC A person who identifies with or is of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin.
- _____ UNKNOWN A person who cannot or declines to declare ethnicity.

PREFERRED LANGUAGE (please select one)

_____English _____Spanish _____Other_____

Patient Name_____

Date Completed_____