

As part of the new government requirements, we are required to obtain additional demographic information including the data listed below.

Thank you.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**RACE:**

- American Indian or Alaska Native
- Asian
- Black or African American
- Declined To Answer
- Multiracial
- Native Hawaiian or Other Pacific Islander
- Other Race
- Unknown
- White

**PREFERRED LANGUAGE:**

- Albania
- Arabic
- Bulgarian
- Cambodian
- Central Khmer
- Chinese
- Declined To Answer
- English
- French
- German
- Haitian; Haitian Creole
- Hebrew
- Hindi
- Italian
- Japanese
- Korean
- Other
- Filipino
- Polish
- Portuguese
- Russian
- Somali
- Spanish
- Spanish; Castilian
- Thai
- Urdu
- Vietnamese

**ETHNICITY:**

- Declined to Answer
- Hispanic or Latino
- Not Hispanic or Latino
- Unknown/Not Reported

**(OVER)**