

Name: _____

Date: _____

The Federal Government has asked us to start collecting patient demographic information.

Please help us update our records by answering the following questions:

Circle the item that applies

RACE

1. Asian
2. Black or African American Native Hawaiian or Other Pacific Islander
3. India
4. Other race
5. Unreported / Refused to report
6. White
7. Native American Indian

ETHNICITY

1. Hispanic or Latino
2. Not Hispanic or Latino
3. Refused to report

LANGUAGE

- | | |
|---------------------------------------|----------------------------|
| 1. Arabic | 20. Japanese |
| 2. Bahasa Indonesia | 21. Korean/Khmer |
| 3. Bahasa Melayu | 22. Laotian |
| 4. Bangla | 23. Native American |
| 5. Braille | 24. Other |
| 6. Cape Verdean Creole | 25. Other African |
| 7. Chinese | 26. Other Indian/Pakistani |
| 8. Chinese - Cantonese | 27. Other Slavic language |
| 9. Chinese - Mandarin | 28. Other Southeast Asian |
| 10. English | 29. Portuguese |
| 11. French | 30. Punjabi |
| 12. German | 31. Russian |
| 13. Greek | 32. Sign Language |
| 14. Haitian Creole | 33. Spanish |
| 15. Hebrew | 34. Tagalog |
| 16. Hindi | 35. Thai |
| 17. Hmong | 36. Urdu |
| 18. Indian (includes Hindi and Tamil) | 37. Vietnamese |
| 19. Italian | |

Have you seen any other physician since your last visit? Yes _____ no _____