

Patient Name: _____

(Please Print)

Date of Birth: _____

Date of Appointment : _____

Race:

(Please circle one)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White/Caucasian

Other Race

Unknown/Prefer not to answer

Preferred Language:

(Please circle one)

English

French

Spanish

American Sign Language

Other (Please specify) _____

Ethnicity:

(Please circle one)

Hispanic or Latino

Not Hispanic or Latino

Unknown/Prefer not to answer