

Pomona Pediatrics PC

A Division of Children's and Women's Physicians of Westchester

FEDERAL GOVERNMENT REQUIRED QUESTIONS

The Federal Government requires us to ask the following questions. This information is used to track illnesses by age, gender, race and ethnicity. We may also use this information to identify the needs of different patient groups, and to develop plans to address these needs. We will also use this information to monitor the quality of our services for all patients, in order to insure that all patients receive the highest quality care, without regard to racial or ethnic background.

We ask that you check one box under each category, and we thank you for taking the time to complete this form.

Patient Name: _____ Date of Birth: _____

ETHNICITY

- Decline Response (I do not wish to answer)
- Hispanic or Latino
- Not Hispanic or Latino

RACE

- Decline Response (I do not wish to answer)
- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Other

PREFERRED LANGUAGE: _____

