



**RACE & ETHNICITY PATIENT FORM**

The U.S. government now requires that we ask patients for their race and ethnicity. You have the option to provide this information or to decline by checking the box. All responses will be kept confidential.

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. Which category best describes the patient's ethnicity?

- Hispanic or Latino or Spanish origin
- American Indian/Alaskan native
- Asian
- Native Hawaiian or Other Pacific Islander
- Black or African-American
- White/Caucasian
- Other

2. What is the patient's preferred language?

- English
- Spanish
- Other \_\_\_\_\_

I do not wish to provide this information

Thank you for your time