

Dear Patient,

To comply with new U.S. government regulations we are collecting the race, ethnicity and preferred language for our patients. We would appreciate it if you would complete this form.

If there is any part that you prefer not to provide, please mark the *Decline* checkbox.

Please return this form to the front desk.

Thank you

Patient Name: _____

Date of Birth: _____

Please check one item from each column:

Race	Language	Ethnicity
<input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Declined <input type="checkbox"/> Hispanic <input type="checkbox"/> Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Not Present to Sign RLE <input type="checkbox"/> Other Race _____ <input type="checkbox"/> Unknown / Not Reported <input type="checkbox"/> White/Caucasian	<input type="checkbox"/> American Sign Language <input type="checkbox"/> Chinese <input type="checkbox"/> Declined <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Greek <input type="checkbox"/> Indonesian <input type="checkbox"/> Italian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Not Present to Sign RLE <input type="checkbox"/> Other _____ <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Unknown <input type="checkbox"/> Vietnamese	<input type="checkbox"/> Declined <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Not Present to Sign RLE

For Office Use Only:
 Add data to patient's EPM Demographics record
 Do **not** scan into ICS