

Patient Name: _____

Date of Birth: _____

(Please print)

Patient Demographics Questionnaire

We are asking for your race and ethnicity because some people have higher risks of developing certain diseases, such as high blood pressure, diabetes, and heart disease. It is also important that we know your preferred spoken language so that you and your health care team can communicate clearly. We will keep this information confidential (private) and will update it in your medical record. This information will assist us in continuing to provide you with the best health care. Thank you!

Please provide the information below using the pen provided. We greatly appreciate your participation!

1. Race. Please mark the ONE statement that best describes you.

- | | | |
|--|---|---|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Multiracial |
| <input type="checkbox"/> White | <input type="checkbox"/> Asian | <input type="checkbox"/> Other Race |
| | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> I prefer not to answer |
| | <input type="checkbox"/> Other Pacific Islander | |

2. Language. Please indicate your preferred spoken language.

- | | |
|----------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> I prefer not to answer |

3. Ethnicity. Please mark the ONE statement that best describes you.

- | | |
|---|---|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> I prefer not to answer |
| <input type="checkbox"/> Not Hispanic or Latino | |