



Patient's Name: _____ Date of Birth: _____

Patient's Race *(check all that apply)*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other

Patient's Ethnicity *(check one)*

- Hispanic, Latino, or Spanish
- Non-Hispanic, Non-Latino, or Non-Spanish
- Unknown

Patient's Primary Language

- English
- _____