

Name: _____

Appointment
Label

DOB: _____

MR#: _____

We want to ask you about your race and country of origin. If you answer, you will help us provide the best care to all of our patients. We will use this information to help our doctors and nurses give you better care. We will keep your information private and confidential.

Race

Please tell me the race groups that describe you.

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> White | <input type="checkbox"/> Some other race |
| <input type="checkbox"/> Choose not to answer | |

Country of Origin

If you wish to have the country where you were born included in your medical record, please tell me the country you are from.

- | | |
|---|---|
| <input type="checkbox"/> Bosnia-Herzegovina | <input type="checkbox"/> Mexico |
| <input type="checkbox"/> Cambodia | <input type="checkbox"/> Nigeria |
| <input type="checkbox"/> Cameroon | <input type="checkbox"/> Philippines |
| <input type="checkbox"/> Canada | <input type="checkbox"/> Russia |
| <input type="checkbox"/> China | <input type="checkbox"/> Somalia |
| <input type="checkbox"/> El Salvador | <input type="checkbox"/> South Africa |
| <input type="checkbox"/> Eritrea | <input type="checkbox"/> Thailand |
| <input type="checkbox"/> Ethiopia | <input type="checkbox"/> United States |
| <input type="checkbox"/> India | <input type="checkbox"/> Vietnam |
| <input type="checkbox"/> Kenya | Other country, please specify: _____ |
| <input type="checkbox"/> Korea | <input type="checkbox"/> Choose not to answer |
| <input type="checkbox"/> Laos | |
| <input type="checkbox"/> Liberia | |