

DEMOGRAPHIC INFORMATION REQUEST

The Federal Government is asking *all* physicians to collect race and ethnicity information to monitor quality medical care and to ensure that all patients, regardless of race and ethnicity, get the best care possible. Please complete this questionnaire so that we may participate in this effort. If you chose to provide us with this information, we will keep your identity confidential. If you chose not to participate select item#4

Patient Name _____

Date of Birth _____

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

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

- Hispanic or Latino or Spanish Origin**
- Not Hispanic or Latino or Spanish Origin**

3. What is the patient's preferred language?

- English**
- Spanish**
- Other** _____

4. [] I do not wish to provide this information

Thank you for your time