



Race, Ethnicity, and Language Form

We are participating in a program with the Federal Government that is part of the healthcare reform. This program requires us to obtain the following information to measure delivery of healthcare services and distribution of vaccines. Collecting accurate data is the basic foundation to identify differences and improve the quality of care.

Please answer the following questions for the **patient only**.

Patient Name: _____
First Middle Initial Last

Birth date: _____

- Race: **Asian**
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native**
A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Native Hawaiian or Other Pacific Islander**
A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Black/African American**
A person having origins in any of the black racial groups of Africa.
- White/Caucasian**
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- More than 1 race**
- Do not wish to answer**

- Ethnicity: **Hispanic/Latino**
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**
- Do not wish to answer**

Preferred Language: English Spanish Other _____

Parent/Legal Guardian completing this form

Today's date