



**Patient Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**We ask the following questions for information gathering purposes only. The answers have no bearing on patient care.**

**1. Do you consider yourself to be Hispanic or Latino (see definition below):**

- Yes**       **No**

*(Hispanic or Latino – a person of Mexican, Puerto Rican, Cuban, South or Central American or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic or Latino”)*

**2. What race do you consider yourself to be? (if more than one race, select all that apply).**

- American Indian or Alaska Native** *(a person having origins in any of the original peoples of North, Central or South America, and who maintain tribal affiliations or community attachment)*
- 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)*
- Black or African American** *(a person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black” or “African American”)*
- Native Hawaiian or Other Pacific Islander** *(a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands)*
- White** *(a person having origins in any of the original peoples of Europe, the Middle East or North Africa)*
- Uncertain**