



Account Number: _____

Patient Name: _____ (First name) _____ (Last name) DOB: ____/____/____

Preferred Spoken Language: English Spanish Other _____

Preferred Method of Communication: Spoken Written

How would you best describe this child's **Ethnic** origin?

NOTE: Answer Ethnicity about Hispanic origin and not Race. For this question, Hispanic origins are not races.

- Not of Hispanic, Latino, or Spanish origin
- Mexican or Mexican American
- Puerto Rican
- Cuban
- Another Hispanic, Latino, or Spanish origin – Print Origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.

How would you best describe this child's **Race**? Mark all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> White, Caucasian | <input type="checkbox"/> Black, African American | <input type="checkbox"/> Asian Indian |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Chinese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Asian – Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Other Pacific Islander - Fijian, Tongan, and so on. |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Pakistani, Cambodian | |
| <input type="checkbox"/> Guamanian or Chamorro | | |
| <input type="checkbox"/> I wish not to provide this information | <input type="checkbox"/> Some other race _____ | |

Signature

Date

Completed by:

Relationship to patient