**PATIENT ETHNICITY**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date Of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As part of the government’s electronic medical records program, we are now expected to record your race and ethnicity (or your preference not to report this information) one time on your chart. Please mark your race and ethnicity below, and return this slip to the receptionist. Thank you for your understanding.

 **Race: Ethnicity:**

 ❑ American Indian or Alaska Native ❑ Hispanic or Latino

 ❑ Asian ❑ Not Hispanic or Latino

 ❑ Black or African American ❑ Prefer not to report

 ❑ More than one race

 ❑ Native Hawaiian

 ❑ Other Pacific Islander

 ❑ White

 ❑ Prefer not to report

If you would like us to record the same race and ethnicity that you listed above for any of your family who are patients here, please list their names and date of birth below:

|  |  |
| --- | --- |
| **Name** | **DOB** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

At this time we are also updating your contact information.

**Employer/Occupation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred Pharmacy:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact :** **Emergency Contact :**

Name (First and Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (first and last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please advise us if the contact information is different for other members of your family.