

We want you to know that providing you with the very best care is our highest consideration. To do that, it will help us to know a little bit about you.

While most diseases cross all ethnic/racial and gender boundaries, there are certain disease processes that are more likely to occur in a certain race or gender. In fact, some people may have different symptoms, or respond differently to treatments, because of these factors.

For that reason, we would like for you to share some information with us about your race/ethnicity. Sharing this information is entirely optional, but we believe it will assist our physicians and other care-givers in serving you best. It will not be used as a basis to deny or otherwise restrict the health care services you receive. Please consider the information below. Thank you.

**Race**

**What race do you consider yourself to be?**

- American Indian or Alaska Native**—A person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliation 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, Thailand, and Vietnam.
- Black or African American**---A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino.** A person of Cuban, 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."
- 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.

**More Than One Race**

- Yes**

**Refusal**

- I do not wish to provide some or all of the above information**

\_\_\_\_\_  
Patient Signature or Patient Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

revised 07/11  
A1100

patient ID



Classification of Race and Ethnicity

