

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

**Race**

- American Indian or Alaska Native
- Asian
- Black or African American
- Caucasian
- More than one race
- Native American
- Spanish American
- Native Hawaiian\Pacific Islander
- Other Race
- Unknown\Refused
- White

**Language**

- English
- French
- Spanish
- Other \_\_\_\_\_

**Ethnicity**

- Hispanic or Latino
- Not Hispanic or Latino
- Unknown\ Not Reported