Demographics Short Form

Please take a moment to fill out this form.

Note: If you prefer not to answer the question, or you are unsure of the answer, please check: “Patient Declined/Unknown”

NAME: ____

DOB: ____

ETHNICITY:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Patient Declined/Unknown

RACE:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Patient Declined/Unknown

PREFERRED: This is the language by which you prefer to communicate:

LANGUAGE

- ☐ English
- ☐ Spanish
- ☐ Other
- ☐ Patient Declined/Unknown