

Due to new regulations for medical offices, we must now document the following information in your chart.

Please complete each section...Thank you!

Name: _____ **Birthdate:** _____

RACE: (please circle the one that best fits you)

Prefer not to answer

Caucasian African American Native American/Alaska Native

Asian Japanese Chinese Filipino Pacific Islander

Native Hawaiian Other or Undetermined

ETHNICITY: Hispanic or Latino Non-Hispanic/Latino Other/Undetermined