

In order to meet government mandated criteria to prove meaningful use of our Electronic Health Record, we are now required to record specific demographic information in your personal Electronic Health Record. Today we are asking for you to indicate your race, ethnicity and language of preference. Please answer the following questions and return to the front desk. Thank you so much for your cooperation. Please let us know if you have any questions about this required information.

NAME: _____

DOB: _____

Race	Ethnicity	Language of Preference
<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> English
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Chinese
<input type="checkbox"/> Asian		<input type="checkbox"/> Indian (Hindi/Tamil)
<input type="checkbox"/> Caucasian		<input type="checkbox"/> Japanese
<input type="checkbox"/> Hispanic		<input type="checkbox"/> Russian
<input type="checkbox"/> Native Hawaiian		<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____		