



Patient Name Last: _____ First: _____ MI: _____ DOB: _____

Race: Circle One	Ethnicity: Circle One	Preferred Language: Circle One	Preferred Contact: Circle One
Amer. Indian/Alaska Native	Hispanic	Arabic	Email _____
Asian	Non-Hispanic	Chinese	Fax
Black/African Amer.	Declined	English	Mail
Pac Isle		French	Web Portal
White		German	Phone _____
Declined		Spanish	Home - Cell - Work
Other		Other: _____	Text