

Patient's Name: _____ **DOB:** ___/___/___

Preferred Language:

- _____

Spoken Language:

- _____
- _____
- _____

Ethnicity:

- Arab Descent
- Hispanic/Latino
- Other: _____
- Unknown
- Declined to Answer

Race:

- African American
- American Indian
- Asian
- Caucasian
- Native Hawaiian/Pacific Islander
- Other: _____
- Unknown
- Declined to Answer

E-mail:

- _____