

Patient Demographic Update

Name _____ Date of Birth _____

We are now required by Federal law to gather the following information for our patient records. Please check one choice for each area:

Marital Status

- Married Single Divorced Separated Widowed Other

Race

- American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Other
 Unreported/Refused to Report

Ethnicity

- Hispanic or Latino Not Hispanic or Latino

Language Preference

- English Other

Employment Status

- Employed Not Employed Retired

Occupation
