

Name: _____

Patient ID: _____

Language, Ethnicity, Race and Occupation

The government is now requesting that we obtain the following demographic information from each patient for our Electronic Health Records (EHR). Please complete and return to our front desk staff.

Thank you, The Eye Center Physicians

Language: Please check as many that apply to you

- English
- French
- German
- Italian
- Japanese
- Portuguese
- Spanish
- Decline to Specify
- Other

Race: Please check as many that apply to you

- All
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Island
- Latin American
- White
- Decline to Specify

Ethnicity: Please check as many that apply to you

- All
- African American
- American
- American Indians
- Chinese
- European Americans
- Hispanic or Latino
- Jewish
- Not Hispanic or Latino
- Unknown
- Decline to Specify

Employer: _____ **Occupation:** _____