Ethnicity & Race Form

DATE _____

PATIENT'S NAME _____
FIRST MIDDLE LAST

BIRTH DATE _____ MEDICAL RECORD NUMBER _____
OFFICE USE ONLY

We are asking our patients to share their ethnicity and race. This will help us to know our patients better and improve health care for everyone. Personal information will remain private and confidentia .

Ethnicity: Your ethnicity refers to your background heritage, culture, religion, ancestry or sometimes the country where you were born. For New York State reporting, we are specifically collecting whether or not your ethnicity is Hispanic, Latino, or of Spanish Origin.

Race: Your race is the group(s) that you relate to as having similar features, traits, or birthplace.

What is your ETHNICITY?

☐ **Hispanic** or **Latino** or **Spanish Origin** (If checked, please select up to 4 choices below):

☐ Andalusian	Central American	Dominican	Mexican American	South American
☐ Argentinean	Central American	Ecuadorian	Indian	South American
☐ Asturian	Indian	Gallego	Mexicano	Indian
☐ Belearic Islander	Chicano	Guatemalan	Nicaraguan	Spaniard
☐ Bolivian	Chilean	Honduran	Panamanian	Spanish Basque
☐ Canal Zone	Colombian	La Raza	Paraguayan	Uruguayan
☐ Canarian	Costa Rican	Latin American	Peruvian	Valencian
☐ Castillian	Criollo	Mexican	Puerto Rican	Venezuelan
☐ Catalonian	Cuban	Mexican American	Salvadoran	

☐ **Not Hispanic or Latino or Spanish Origin**
☐ **Patient Refused**

What is your RACE? (You may select up to 4 Races)

☐ **American Indian or Alaska Native**
☐ **Asian** (If checked, please specify from the choices below):

☐ Asian Indian	☐ Chinese	☐ Japanese	☐ Maldivian	☐ Sri Lankan
☐ Bangladeshi	☐ Filipino	☐ Korean	☐ Nepalese	☐ Thai
☐ Bhutanese	☐ Hmong	☐ Laotian	☐ Okinawan	☐ Taiwanese
☐ Burmese	☐ Indonesian	☐ Madagascar	☐ Pakistani	☐ Vietnamese
☐ Cambodian	☐ Iwo Jiman	☐ Malaysian	☐ Singaporean	

☐ **Black or African-American**
☐ **Native Hawaiian or Pacific Islande** (If checked, please specify from the choices below):

☐ Carolinian	☐ Kiribati	☐ Native Hawaiian	☐ Papua New Guinean	☐ Solomon Islander
☐ Chamorro	☐ Kosraean	☐ New Hebrides	☐ Pohnpeian	☐ Tahitian
☐ Chuukese	☐ Mariana Islander	☐ Other Pacific Islander	☐ Polynesian	☐ Tokelauan
☐ Fijian	☐ Marshallese	☐ Pakistani	☐ Saipanese	☐ Tongan
☐ Guamanian	☐ Melanesian	☐ Palauan	☐ Samoan	☐ Yapese
☐ Guamanian or Chamorro	☐ Micronesian			

☐ **White**
☐ **Other**
☐ **Patient Refused**