



In accordance with the new electronic health record (EHR) guidelines, we are now required to ask the following demographic questions to each patient.

Date:

Last Name			
First Name/ MI			
Street			
City/State/Zip			
Phone			
Birth Date		State of Birth	
Primary Language	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Other _____		
Special Needs	<input type="checkbox"/> Wheelchair <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Translator <input type="checkbox"/> Other _____ <input type="checkbox"/> None		
Race	<input type="checkbox"/> American Indian or Alaska native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other pacific islander <input type="checkbox"/> White <input type="checkbox"/> Other _____		
Ethnicity	<input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Unknown		
Mother's Maiden			
Email (for communication purposes)			
I wish to be contacted in the following manner (please check all that apply):	<input type="checkbox"/> Home Telephone _____ <input type="checkbox"/> Work Telephone _____ <input type="checkbox"/> Mobile Telephone _____		