

## RACE AND ETHNICITY QUESTIONNAIRE

Please provide us with information on you and family members that are patients here. We ask for this information related to diseases more prevalent among certain ethnicities or races.

Please list name and birthdate for any family member seen here along with **race and ethnicity**.

<b>NAME:</b> _____	<b>D.O.B:</b> /    /	<b>RACE (Circle one)</b>	White	Black	Asian	Indian/Alask	Pac Isle
			Other/Mult	Hsp-White	Hsp-Black	Hsp-Asian	Hsp-Ind/Alask
			Hsp-Pac Isl	Hsp-Other-Mult			
		<b>Ethnicity (Circle one)</b>	Hispanic	Non-Hispanic			

<b>NAME:</b> _____	<b>D.O.B:</b> /    /	<b>RACE (Circle one)</b>	White	Black	Asian	Indian/Alask	Pac Isle
			Other/Mult	Hsp-White	Hsp-Black	Hsp-Asian	Hsp-Ind/Alask
			Hsp-Pac Isl	Hsp-Other-Mult			
		<b>Ethnicity (Circle one)</b>	Hispanic	Non-Hispanic			

<b>NAME:</b> _____	<b>D.O.B:</b> /    /	<b>RACE (Circle one)</b>	White	Black	Asian	Indian/Alask	Pac Isle
			Other/Mult	Hsp-White	Hsp-Black	Hsp-Asian	Hsp-Ind/Alask
			Hsp-Pac Isl	Hsp-Other-Mult			
		<b>Ethnicity (Circle one)</b>	Hispanic	Non-Hispanic			