



Patient Interview Form



The following questions are about your primary language, race, and ethnicity. We are required to ask these questions to meet certain regulatory standards. We are committed to ensuring all patients receive the best possible care.

Patient Name: _____ **Date of Birth:** _____

Preferred Language:

- English Spanish Other: _____

Race:

- White / Caucasian
- Black or African American
- Asian
- Hispanic / Latino
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Mixed
- Other
- Unknown
- Patient declines to provide information

Ethnicity:

- Hispanic / Latino
- NOT** Hispanic / Latino
- Patient declines to provide information