ETHNICITY & RACE FORM Date: _____

PATIENT'S NAME: _____
FIRST MIDDLE INITIAL LAST

BIRTH DATE: _____ MRN: _____

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 confidential.

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
- □ ARGENTINEAN
- □ ASTURIAN
- □ BELEARIC ISLANDER
- □ BOLIVIAN
- □ CANAL ZONE
- □ CANARIAN
- □ CASTILLIAN
- □ CATALONIAN
- □ CENTRAL AMERICAN
- □ CENTRAL AMERICAN INDIAN
- □ CHICANO
- □ CHILEAN
- □ COLOMBIAN
- □ COSTA RICAN
- □ CRIOLLO
- □ CUBAN
- □ DOMINICAN
- □ ECUADORIAN
- □ GALLEGO
- □ GUATEMALAN
- □ HONDURAN
- □ LA RAZA
- □ LATIN AMERICAN
- □ MEXICAN
- □ MEXICAN AMERICAN
- □ MEXICAN AMERICAN INDIAN
- □ MEXICANO
- □ NICARAGUAN
- □ PANAMANIAN
- □ PARAGUAYAN
- □ PERUVIAN
- □ PUERTO RICAN
- □ SALVADORAN
- □ SOUTH AMERICAN
- □ SOUTH AMERICAN INDIAN
- □ SPANIARD
- □ SPANISH BASQUE
- □ URUGUAYAN
- □ VALENCIAN
- □ VENEZUELAN

□ **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
- □ BANGLADESHI
- □ BHUTANESE
- □ BURMESE
- □ CAMBODIAN
- □ CHINESE
- □ FILIPINO
- □ HMONG
- □ INDONESIAN
- □ IWO JIMAN
- □ JAPANESE
- □ KOREAN
- □ LAOTIAN
- □ MADAGASCAR
- □ MALAYSIAN
- □ MALDIVIAN
- □ NEPALESE
- □ OKINAWAN
- □ PAKISTANI
- □ SINGAPOREAN
- □ SRI LANKAN
- □ THAI
- □ TAIWANESE
- □ VIETNAMESE

□ **BLACK OR AFRICAN-AMERICAN**

□ **NATIVE HAWAIIAN or PACIFIC ISLANDER** (If checked, please specify from the choices below):

- □ CAROLINIAN
- □ CHAMORRO
- □ CHUUKESE
- □ FIJIAN
- □ GUAMANIAN
- □ GUAMANIAN OR CHAMORRO
- □ KIRIBATI
- □ KOSRAEAN
- □ MARIANA ISLANDER
- □ MARSHALLESE
- □ MELANESIAN
- □ MICRONESIAN
- □ NATIVE HAWAIIAN
- □ NEW HEBRIDES
- □ OTHER PACIFIC ISLANDER
- □ PALAUAN
- □ PAPUA NEW GUINEAN
- □ POHNPEIAN
- □ POLYNESIAN
- □ SAIPANESE
- □ SAMOAN
- □ SOLOMON ISLANDER
- □ TAHITIAN
- □ TOKELAUAN
- □ TONGAN
- □ YAPESE

□ **WHITE**

□ **OTHER**

□ **PATIENT REFUSED**