

Medical Clinic Registration

Race

Which category best describes your race?

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White
- Declined
- Unavailable
- Some other race

Ethnicity

Do you consider yourself Hispanic or Latino?

- Yes
- No
- Declined
- Unavailable

American Indian or Alaska Native: Person having origins in any of the original peoples of North and South America (including Central America) and maintains tribal affiliation.

Asian: Person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.

Black or African American: Person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: Person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Preferred Spoken Language

In what language do you feel most comfortable speaking with your doctor or nurse?

- English
- Spanish
- Other
- Declined
- Unavailable

Preferred Written Language

In what language do you feel most comfortable reading medical or health care instructions?

- English
- Spanish
- Other
- Declined
- Unavailable

Signature _____

Date _____