

Patient Name: _____

Please Print

Account # _____

TXO will Complete

Why are we asking these questions? In 2009 Congress passed the HITECH Act to create uniformity among electronic health records. Asking for your language ensures you and your healthcare providers will be able to communicate clearly. We will be asking about race & ethnicity because some groups are at a higher risk of developing certain diseases. This information will be updated in your medical record and will remain confidential.

Circle Preferred Language

AMERICAN SIGN LANGUAGE	FRENCH CANADIAN	LAO	SWAHILI
ARABIC	GERMAN	MAORI	SWEDISH
ARMENIAN	GREEK	MIEN	TAGALOG
BRAZILIAN PORTUGUESE	GUJARATI	NAVAJO	THAI
CHINESE	HEBREW	NORWEGIAN	TIGRINYA
CHINESE (CANTON)	HINDI	OROMO	TURKISH
CHINESE MANDARIN	HMONG	OTHER	UNDEFINED
CROATIAN	HUNGARIAN	PERSIAN	URDU
DANISH	INDIAN	POLISH	VIETNAMESE
ENGLISH	INDONESIAN	PORTUGUESE	VISAYAN
FARSI	ITALIAN	RUSSIAN	YIDDISH
FILIPINO	JAPANESE	SLOVAK	
FINNISH	KHMER	SOMALI	
FRENCH	KOREAN	SPANISH	

Circle Ethnicity HISPANIC OR LATINO NOT HISPANIC OR LATINO

Circle Preferred Method of Contact Home phone Cell phone Work phone
Email Mail Home Address

Phone number not previous provided _____ H C W (circle type)

Email address: _____

CIRCLE RACE

AFRICAN AMERICAN	HMONG	OTHER ASIAN INCLUDING ASIAN NOS AND ORIENTAL NOS
ASIAN INDIAN PAKISTANI SRI LANKAN	JAPANESE	PACIFIC ISLANDER NOS
CAUCASAN	KAMPUCHEAN CAMBODIAN	POLYNESIAN NOS
CHAMORRAN	KOREAN	SAMOAN
CHINESE	LAOTIAN	TAHITIAN
FIJI ISLANDER	MELANESIAN NOS	THAI
FILIPINO	MICRONESIAN NOS	TONGAN
GUAMANIAN NOS	NATIVE AMERICAN	VIETNAMESE
HAWAIIAN	NEW GUINEAN	UNKNOWN
HISPANIC	OTHER ASIAN INCLUDING ASIAN NOS AND ORIENTAL NOS	OTHER