

**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 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:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_  
NAME PHONE RELATION

**PREFERRED LANGUAGE:** \_\_\_\_\_

**CIRCLE ETHNICITY:** HISPANIC OR LATINO NOT HISPANIC OR LATINO

**CIRCLE RACE**

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

Options/Values were selected by HITECH Act and Texas State Tumor Registry.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date