

RACE/ETHNICITY FORM

ETHNICITY (Select One)

_____ **Hispanic** A person who identifies with or is of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin.

_____ **Non Hispanic** Any possible options not covered in the above category.

_____ **Unknown** A person who cannot or refuses to declare ethnicity.

_____ **Race disclosure declined by patient.**

_____ **Race not known by patient.**

RACE (Select One)

_____ **American Indian or Alaska Native**

_____ **Asian**

_____ **Black or African American**

_____ **Native Hawaiian or other Pacific Islander**

_____ **White**

_____ **Other Race**

Specify: _____