

NEWPORT CHILDREN'S MEDICAL GROUP

PATIENT DEMOGRAPHIC QUESTIONNAIRE

PATIENT _____ DOB: _____
(Last Name, First Name)

We are asking for your race and ethnicity due to government regulations to implement electronic medical records. We will keep this information confidential and will update it in your medical record. Please circle the information below that best describes your child. Thank you

PATIENT RACE (Please circle)-104

- 7. WHITE
- 2. BLACK or AFRICIAN AMERICAN
- 100. ASIAN
- 104. OTHER PACIFIC ISLANDER
- 103. NATIVE HAWAIIAN
- 5. AMERICAN INDIAN or ALASKAN NATIVE
- 102. MORE THAN ONE RACE
- 9. OTHER _____

ETHNICITY (Please circle)-114

- 2. NOT HISPANIC or NOT LATINO
- 1. HISPANIC or LATINO
- 5. OTHER _____

SPOKEN LANGUAGE (Please circle)-115

- 1. ENGLISH
- 2. SPANISH
- 9. ARABIC
- 37. TAGALOG
- 10. THAI
- 12. VIETNAMESE
- 44. AMERICAN SIGN LANGUAGE
- 99. OTHER _____