



ColumbiaDoctors

*The Physicians and Surgeons
of Columbia University*

The Federal Government requires us to ask these questions. This information is used to track illnesses by age, gender, race and ethnicity. We will also use this information to identify the needs of different patient groups and develop plans to address them and monitor the quality of our services for all patients so everyone gets the highest quality care regardless of their racial or ethnic background. We ask that you check one box under each category and thank you for taking the time to complete this information.

Name: _____

Date of Birth: _____

MRN#: _____

Visit Date: _____

Ethnicity:

- Decline Response (I do not wish to answer)
- Hispanic or Latino
- Not Hispanic or Latino

Race:

- Decline Response (I do not wish to answer)
- American- Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Other

Preferred Language:

- Decline Response (I do not wish to answer)
- ARABIC
- CHINESE
- CZECH
- DUTCH
- ENGLISH
- FRENCH
- GERMAN
- GREEK
- HEBREW
- HINDI
- INDONESIAN
- ITALIAN
- JAPANESE
- KOREAN
- MALAY
- Other
- PERSIAN
- POLISH
- PORTUGUESE
- ROMANIAN
- RUSSIAN
- SIGN LANGUAGE
- SLOVAK
- SPANISH
- SWAHILI
- TAGALOG
- THAI
- TURKISH
- URDU
- VIETNAMESE
- YIDDISH

Staff: please enter information in IDX and shred document. Do not scan into CROWN