Sutter Pacific Medical Foundation
A Sutter Health Affiliate
With You. For Life.

Patient Name: _____

Date of Birth: _____

(Please Print)

Patient Demographics Questionnaire

We are asking for your race and ethnicity because some people have higher risks of developing certain disease, such as high blood pressure, diabetes and heart disease. It is also important that we know your preferred spoken language so that you and your health care team can communicate clearly. We will keep this information confidential (private) and will update it in your medical record. This information will assist us in continuing to provide you with the best health care. Thank you!

Please provide the information below using the pen provided. We greatly appreciate your participation!

1. Race. Please mark what best describes you.
*[If more than one, please rank your selections by marking your primary race with a number 1, your secondary race with a number 2 and so on **(Mark up to FOUR)**]*

- ❒ White/Caucasian
- ❒ Black/African American
- ❒ American Indian or Alaska Native
- ❒ Asian Indian
- ❒ Chinese
- ❒ Filipino
- ❒ Japanese
- ❒ Korean
- ❒ Vietnamese
- ❒ Other Asian
- ❒ Native Hawaiian
- ❒ Guamanian or Chamorro
- ❒ Samoan
- ❒ Other Pacific Islander
- ❒ Other Race

❒ I prefer not to answer

2. Are you of Hispanic Origin? *(Please **mark the ONE** statement that best describes you.)*

❒ No, not Hispanic/Latino

Yes:
- ❒ Cuban
- ❒ Puerto Rican
- ❒ Mexican, Mexican American, Chicano
- ❒ Other Spanish/Hispanic/Latino

For Example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadorian, Spaniard, etc.

❒ I prefer not to answer

3. What is your primary ancestry or ethnic origin? *(**Write up to FOUR** ancestries.)*
For example: Italian, Jamaican, African American, Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Mexican, Taiwanese, Ukrainian, etc.

❒ I prefer not to answer

4. Please indicate your preferred spoken language.
[We are required by law (CA Health and Safety Code AB800, Section 123147) to request this information.]

❒ I prefer not to answer

5. Interpreter Services: Would language interpreter services be helpful to you during your medical visit?

❒ Yes ❒ No ❒ I prefer not to answer