Patient Information

Name_____

Email (For Appt. Reminders & Communication) _____

Home: _____ Work: _____ Cell: _____

Referred by _____

The following information is required by the Federal Government to be recorded in your record.

Race	Ethnicity
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic ☐ Native Hawaiian/ other Pacific Islander ☐ White	☐ Hispanic or Latino ☐ Native Hawaiian/ Other Pacific Islander ☐ Not Hispanic or Latino

Preferred Language English Spanish

Communication Preference: Email Postal Phone