

Date: _____

We want to make sure that all our patients get the best care possible. We would like you to tell us your child's country of origin, racial/ethnic background and preferred language so that we can review the treatment that all patients receive and make sure that everyone gets the highest quality of care. Your answers will be confidential and will have no effect on the care you receive.

You have the option to decline to answer any or all questions.

What country was the patient born in?

- United States (US) Choose not to disclose/decline
 Other _____ Unknown

Is the patient of Hispanic or Latino origin or descent?

- Yes Choose not to disclose/decline
 No

Please check the race/ethnicity group(s) that best describe the patient. Check all that apply.

- American Indian or Alaska Native
 Asian
 Black or African American
 Hispanic or Latino
 Native Hawaiian/Other Pacific Islander Choose not to disclose/decline
 White Unknown

In what language can we best serve you/your family? Circle one language.

- | | | | |
|--------------------------------|------------------|---------------|------------|
| English | Spanish | Somali | Hmong |
| Amharic | German | Oromo | Thai |
| Arabic | Hearing Impaired | Polish | Tibetan |
| Bosnia | Hindi | Romanian | Tigrinya |
| Burmese | Japanese | Russian | Urdu |
| Cambodian | Karen | Sign Language | Vietnamese |
| Cantonese | Korean | Swahili | Yoruba |
| Chinese | Laotian | Tagalog | |
| French | Mandarin | | |
| Choose not to disclose/decline | Unknown | Other | _____ |