

Patient Name: \_\_\_\_\_

## Children's Respiratory and Critical Care Specialists

Date: \_\_\_\_\_

## REL Data Collection Form

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? Check one language.

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

[Click to Submit](#)

*\*NOTE: By submitting this document to Children's Respiratory & Critical Care Specialists, you are providing implied consent that you understand the risks of sending personal health information in a non-secure email format.*