

Patient Name: _____

Children's Respiratory and Critical Care Specialists

Patient Date of Birth: _____

REL Data Collection Form

Appointment 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? Check 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 _____

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.