

**This questionnaire is required by our Government to prove that we have achieved “Meaningful Use” of our Electronic Health Record System. It is only one of 23 various items we have to record regarding patients, their demographics, and their health status.**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Race (Please check off one)

- Caucasian (White)
- Black/African American
- Asian
- Native American
- Asian Pacific American
- Pacific Islander
- Subcontinent Asian American
- American Indian or Alaskan Native
- Native Hawaiian
- Other Race
- More Than One Race

Ethnicity (Please check off one)

- Latino/Hispanic
- Other

Preferred Language

- English
- Other (Please State)