



MOUNT CARMEL

Demographic Update

We are using a new Electronic Medical Record and need to update as well as add information in order to provide the best care for you and the community at large. We appreciate your cooperation in this effort.

Name (Last, First)	Social Security Number	Birthdate (<u>mm/dd/yyyy</u>)
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Question 1. Who is your Primary Care Provider?

Question 2. Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
 Yes No
Regardless of your answer to question 2, go to question 3.

Question 3. Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. **Check as many as apply.**

<input type="checkbox"/> American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
<input type="checkbox"/> Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> White or Caucasian	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<input type="checkbox"/> I wish to not answer these questions	

Question 4. What is your Primary Language?

Question 5. If your Primary Language is something other than English, do you need an interpreter? Yes No **(If your answer to Question 4 was English, please skip)**

Patient Signature

Date