

CHART LABEL HERE



STANDARDIZED HEALTHCARE QUESTIONS

The Medical and Surgical Clinic of Irving is required to gather the following information to comply with nationwide healthcare reform. You are not required to complete this form. Please keep in mind, however, that our physicians will only use this information to provide better service to you. As always, your information is and will remain completely confidential. Thank you for your cooperation.

PLEASE COMPLETE THE FOLLOWING QUESTIONS BY CHECKING YOUR SELECTION OR WRITING IN YOUR ANSWERS:

1) Date of Birth: _____
MM / DD / YYYY

2) Patient Gender: Male Female

3) Preferred Language: _____

4) Regardless of your answer to the prior question, please indicate how you identify yourself. (Check all that apply)

Native American or Alaska Native (Includes all original peoples of the Americas)

Asian (Includes Indian subcontinent and Philippines)

Black or African American (including Africa and Caribbean)

Native Hawaiian or other Pacific Islander (Original peoples)

Caucasian (including Middle Eastern)

5) Are you Hispanic/Latino? Yes, Hispanic or Latino (including Spain)
 No

Print Patient Name: _____

Patient/Patient Guardian Signature: _____

Today's Date: _____/_____/_____