My Kid's Doc

SOUTHFIELD

PATIENT DEMOGRAPHICS QUESTIONNAIRE

Patient Name: _____ Date of Birth: _____

Account # (office use only): _____

We are asking for your race and ethnicity because some people have higher risks of developing certain diseases. It is also important that we know you preferred spoken language so that you and your health care team can communicate clearly.

We will keep this information confidential (private) and will update it in your medical record. This information will assist us in continuing to provide you with the best health care.

Please fill in the information below. We greatly appreciate your participation.

1. **Race – please mark which best describes you.**
   - ☐ White/Caucasian
   - ☐ Black/African American
   - ☐ American Indian or Alaska Native
   - ☐ Asian
   - ☐ Native Hawaiian
   - ☐ Other Pacific Islander
   - ☐ More than one race
   - ☐ I prefer not to answer

2. **Are you of Hispanic Origin?**
   - ☐ Yes
   - ☐ No
   - ☐ I prefer not to answer

3. **Please indicate your preferred spoken language:** _____
   - ☐ I prefer not to answer

4. **Interpreter Services: Would language interpreter services be helpful to you during your medical visit?**
   - ☐ Yes
   - ☐ No

5. **Email address (please print):** _____