



Prevention & Medical Care
To Help You Live Better, Longer.

PATIENT DEMOGRAPHICS

Please complete this confidential form. Up-to-date information allows us to provide the best possible healthcare to everyone we serve.

1. In **what language** would you prefer to discuss your healthcare?

- English Spanish Other (Specify): _____

2. Would it help to have an **interpreter** when you speak with medical staff?

- Yes No I'd like to discuss with my provider

3. What **race** categories best describe you? (you may choose more than one)

- Asian Native American or Alaskan Native
 Black or African American Native Hawaiian or other Pacific Islander
 Middle Eastern or North African White
 Other race: _____ Choose not to disclose

4. What **ethnicity** categories best describe you?

- Hispanic or Latino origin Not Hispanic or Latino Unknown
 Other ethnicity: _____

5. What **gender** do you most identify with? (select one)

- Female Male
 Transgender Female Transgender Male
 Non-binary/Gender Non-conforming Other (specify): _____
 Choose not to disclose

6. What was the **documented sex** on your original birth certificate? (choose one)

- Female Male X or Unknown Choose not to disclose

7. What **pronouns** do you use? (choose one)

- she/her he/him they/them
 Other (specify): _____
 Choose not to disclose

8. What is your **sexual orientation**? (choose one)

- Straight or heterosexual Lesbian, gay, or homosexual Asexual
 Bisexual/Pansexual Queer
 Other (specify) _____
 Choose not to disclose