



Name: _____ **DOB:** _____

Address: _____

Name of Emergency Contact: _____

Relationship to Patient: _____ **Phone Number:** _____

In an effort to better serve you, please choose the best method for **Appointment Confirmation**

Please Check One:

Phone **Phone Number:** _____

Text **Cell Phone:** _____

Email **Email Address:** _____

We are now required to collect preferred language, race and ethnicity. If you prefer not to report this information you may choose to decline. Thank you for your cooperation.

| Preferred Language | Race | Ethnicity |
|---|--|---|
| <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____ (Please Indicate) <input type="checkbox"/> Decline to Report | <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Decline to Report | <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Decline to Report |