

NEWLAND MEDICAL ASSOCIATES
St. John Hospital & Medical Center



Dear Patient-

Race & Ethnicity are collected for statistical reporting to the US Government and the choices displayed are based solely on the Governments recommendations.

Which choice most closely reflects your individual recognition in your community? (Please place a check on the line)

MRN# _____ (to be filled out by Medical Assistant)

Race:

- _____ American Indian or Aleu Eskimo
- _____ Black or African American
- _____ Pacific Islander
- _____ White
- _____ Asian
- _____ Unknown

Ethnicity:

- _____ Hispanic or Latino
- _____ Not Hispanic or Not Latino
- _____ Unknown/Not Reported

Thank you

St John Newland Medical Associates