



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

Newland Medical Associates