



RACE, ETHNICITY & LANGUAGE PREFERENCE

PATIENT NAME: _____

DATE OF BIRTH: _____

Federal regulations require that physician offices attempt to obtain the below information in an effort to help monitor national quality of care. Your participation in this initiative is voluntary. If you wish to decline, please mark "Decline to Identify." The designations listed below are directed by federal standards and are not defined by West Michigan Orthopaedics.

For additional information, please visit www.whitehouse.gov/omb/inforeg_statpolicy/#dr.

RACE

Check all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Decline to Identify

ETHNICITY

- Not Hispanic or Latino
- Hispanic or Latino
- Decline to Identify

LANGUAGE PREFERENCE

- English
- Spanish
- Other _____