



ETHNICITY & RACE FORM

NAME: _____ PATIENT'S

 BIRTH DATE: _____ MRN: _____

We are asking our patients to share their ethnicity and race. This will help us to know our patients better and improve health care for everyone. Personal information will remain private and confidential.

Ethnicity: Your ethnicity refers to your background and culture. It is a part of who you are and how you think. It is not the same as race. It is not a physical characteristic. It is a social and cultural identity. It is a part of who you are and how you think. It is not the same as race. It is not a physical characteristic. It is a social and cultural identity. It is a part of who you are and how you think. It is not the same as race. It is not a physical characteristic. It is a social and cultural identity.