

Valley Arthritis Care

Patient Demographics Questionnaire

Please take a moment to answer the questions on this questionnaire. Please understand you can and may refuse to answer. We are asking for your race and ethnicity because some people have higher risks of developing certain diseases, such as high blood pressure, diabetes and heart disease. It is also important that we know your preferred spoken language so that your health care team can communicate clearly. We will keep this information confidential and will update your medical file. This information will assist us in continuing to provide you with the best health care. Thank You!

Patient Name: _____ **Date of Birth:** _____

Please provide the information below. We greatly appreciate your participation.

1. Race. Please pick one.

White/Caucasian **Native Hawaiian or Pacific Islander** **Black/ African**
 Asian **American Indian or Alaska Native** **Hispanic**
 Other Race **Prefer not to Answer** _____

2. Ethnicity. Please pick one.

Hispanic **Non-hispanic** **Unknown** **Other**
 Prefer not to Answer

3. Please indicate your preferred spoken language.

Thank you for taking the time to fill out this questionnaire.