



Help Us Know you Better

We collect this information to make sure every patient gets the best care. This helps us understand our patients, improve services, and prevent health differences. Sharing this information is optional and will never be used to treat anyone unfairly. Knowing your language preference also helps us communicate better with you. This information allows us to create better programs, improve health, and make sure care is fair and safe for everyone. If you have any questions, our staff is happy to help.

Patient's Name: _____

Patient's Date of birth: _____

Siblings: _____

Spoken Language

In what language does the patient feel most comfortable speaking with a doctor or nurse? (Leave blank for patients under 5 years old)

- English
- Russian
- Mandarin
- Japanese
- Do not know
- French
- Arabic
- Spanish
- Portuguese
- Choose not to answer
- Korean
- Haitian Creole
- Brazillian Portuguese
- Vietnamese
- Other

In what language do the patient's caregiver(s) feel most comfortable speaking with a doctor or nurse?

Caregiver Name: _____

Relationship to Patient: _____

Language: _____

Choose not to answer

Caregiver Name: _____

Relationship to Patient: _____

Language: _____

Choose not to answer

Written Language

In what language does the patient feel most comfortable reading medical or health care instructions? (Leave blank for patients under 5 years old)

- English
- Russian
- Mandarin
- Japanese
- Do not know
- French
- Arabic
- Spanish
- Portuguese
- Choose not to answer
- Korean
- Haitian Creole
- Brazillian Portuguese
- Vietnamese
- Other

In what language do the patient's caregiver(s) feel most comfortable reading medical or health care instructions?

Caregiver Name: _____

Relationship to Patient: _____

Language: _____

Choose not to answer

Caregiver Name: _____

Relationship to Patient: _____

Language: _____

Choose not to answer

Interpreter

Does the patient need an interpreter? (Leave blank for patients under 5 years old)

Yes No

Do any caregivers need an interpreter?

Caregiver Name: _____

Yes No

Caregiver Name: _____

Yes No

Ethnicity

Does the patient consider themselves Hispanic or Latino?

Please select one

- Yes, of Hispanic, Latino, or Spanish origin
- No, not of Hispanic, Latino, or Spanish origin
- Do not know Choose not to answer

Race

Which category best describes the patient's race?

Please select all that apply?

- American Indian or Alaska Native
- Asian
- Black or African American
- Middle Eastern or Northern African
- Native Hawaiian or Other Pacific Islander
- White
- Another race
- Do not know
- Choose not to answer

Vision

Is the patient blind or do they have serious difficulty seeing, even when wearing glasses or contacts

Yes No Choose not to answer

Hearing

Is the patient deaf or do they have serious difficulty hearing?

Yes No Choose not to answer

Form confidence

Overall, how confident is the patient filling out medical forms on their own? (Leave blank for patients under 5 years old)

Very Confident: The patient has the ability to read, understand and respond to questions on forms with minimal or no assistance/clarification needed

Confident: The patient has the ability to read, understand and respond to questions on forms with occasional assistance/clarification needed

Not Confident: The patient requires a lot of support or completely dependent on support in understanding and filling out medical forms

Choose not to answer