

THE ALLERGY and ASTHMA CLINIC
Andrew C. Engler, M.D.
June Y. Zhang, M.D.
Brooke K. Leon, N.P. Elisabeth M. Denker, N.P.

Race, Ethnicity, and Language Form

We are participating in a program with the Federal Government that is part of the healthcare reform. This program requires us to obtain the following information to measure delivery of healthcare services and distribution of vaccines. In addition this information is necessary to determine the values of your lung function test (spirometry). Collecting accurate data is the basic foundation to identify differences and improve the quality of care.

Please answer the following questions for the **patient only**.

Patient Name: _____

Date of Birth: _____

Race: **Asian**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam

American Indian or Alaska Native

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Native Hawaiian or Other Pacific Islander

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Black/African American

A person having origins in any of the black racial groups of Africa.

White/Caucasian

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

More than 1 race

Do not wish to answer

Ethnicity: **Hispanic/Latino**

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Not Hispanic/Latino

Do not wish to answer

Preferred Language: **English****Spanish** **Other:** _____

Parent/Legal Guardian

Date

290 Baldwin Avenue San Mateo, CA 94401
Ph: (650)343-4597 Fax: (650)343-3402
www.theallergyclinic.com