



Boston Children's Health Physicians

Until every child is well™

formerly CWPW

RACE & ETHNICITY PATIENT FORM

The U.S. government now requires that we ask patients for their race and ethnicity. You have the option to provide this information or to decline by checking the box. All responses will be kept confidential.

Patient Name _____ Date of Birth _____

1. Which category best describes the patient's ethnicity?

- Hispanic or Latino or Spanish origin
- American Indian/Alaskan native
- Asian
- Native Hawaiian or Other Pacific Islander
- Black or African-American
- White/Caucasian
- Other

2. What is the patient's preferred language?

- English
- Spanish
- Other _____

I do not wish to provide this information

Thank you for your time