



Patient Name: _____

Date of Birth: _____

The providers at Clifton Family Medicine are always working to improve the quality of care they provide. To help in this effort, they have asked that we collect some additional information from all of our patients. Please answer the following questions.

Race

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Other Race | <input type="checkbox"/> Unreported/Refused to Report |

Ethnicity

- | | |
|--|--|
| <input type="checkbox"/> Hispanic or Latin | <input type="checkbox"/> Refused to Report |
| <input type="checkbox"/> Not Hispanic or Latin | |

Preferred Language

- | | | |
|----------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other |
|----------------------------------|----------------------------------|--------------------------------|

We would also like to tell you about our new patient portal on the internet. This is a secure web site where you will be able to see your lab results, update your health history and leave non-urgent messages for your doctor and our staff. In order to get you signed up for this exciting service, we will need to know your email address. Once enrolled in the patient portal, you will receive an email with further information about the details of using this service.

Current email : **(PLEASE PRINT LEGIBLY)**

We thank you for your cooperation. If you have any questions, please ask the receptionist for assistance.

Clifton Family Medicine