

# FAMILYFIRST HEALTHCARE

Why do we need this information? The United States government is requiring healthcare providers to collect information regarding race, ethnicity and primary language. This information is medically relevant as some health conditions are more prevalent in particular races or ethnic backgrounds and will help us evaluate the services that we provide to patients. For example, a person's race and/or ethnicity effects the reference values used for some diagnostic testing such as Spirometry which measures lung function. Documenting accurate race and ethnicity data improves the accuracy of the results.

**Last Name:** \_\_\_\_\_ **M.I.** \_\_\_\_\_

**Employer Name:**  
\_\_\_\_\_

**First Name:** \_\_\_\_\_

**Employer Phone Number:** (\_\_\_\_\_) \_\_\_\_\_

**SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Driver License #:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Responsible Party (If Minor):**  
\_\_\_\_\_

**DOB:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Sex:**      Male      Female      Transgender

**Relationship (Circle One):**  
Mother      Father      Legal Guardian

**Marital Status (Circle One):**

Single   Married   Divorced  
Widowed   Separated   Partnered

**Emergency Contact:**  
**Name:** \_\_\_\_\_  
**Relation:** \_\_\_\_\_  
**Phone #:** (\_\_\_\_\_) \_\_\_\_\_

**Address:**  
\_\_\_\_\_  
\_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone Number:** (\_\_\_\_\_) \_\_\_\_\_

**Cell Phone Number :** (\_\_\_\_\_) \_\_\_\_\_

**Would you like to sign up for our Patient Portal?**

Yes   No

**Email Address (Only provide if you want to sign up for the Patient Portal):**  
\_\_\_\_\_

**Employment Status (Circle One):**

Full-Time   Part-Time   Unemployed  
Self-Employed   Retired   Active Military

**Race (Circle One):**  
African American      Alaska Native  
American Indian      Asian  
Caucasian      Hawaiian Native/  
Pacific Islander  
Hispanic      Other  
Prefer Not To Say

**Ethnicity (Circle One):**  
Hispanic/Latino /Spanish Origin  
Not Hispanic/Latino/Spanish Origin

**Language (Circle One):**  
English   Spanish   Sign Language  
Other: \_\_\_\_\_