

Children's & Women's Physicians of Westchester, LLP

DEMOGRAPHIC INFORMATION REQUEST

The Federal government is asking *all* physicians to collect race and ethnicity information to monitor quality of medical care and to ensure that all patients, regardless of race and ethnicity, get the best care possible. Please complete this questionnaire so that we may participate in this effort. If you chose to provide us with this information, we will keep your identity confidential. If you chose not to participate, select Item #4.

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

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

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

- Hispanic or Latino or Spanish origin
- Not Hispanic or Latino or Spanish origin

3. What is the patient's preferred language?

- English
- Spanish
- Other _____

4. [] I do not wish to provide this information

Thank you for your time.