

**OUT PATIENT INTAKE FACE SHEET R/E/L Query**

As part of a national initiative and rules enacted by the federal government, intended to insure that all patients receive the highest quality care, HSS will ask all of our patients to self report their race, ethnicity and preferred language for healthcare.

**If You Have Provided This Information To A Registrar Prior To This Visit Then You Do Not Have To Complete This Survey For Subsequent Visits To HSS.**

Thank you.

1. Do you consider yourself to be Hispanic/Latino?

Yes       No

2. Which one or more categories best describes your race? Please check up to two only.

American Indian/Alaska Native       Asian       Black or African American

Native Hawaiian/Other Pacific Islander       White       Some Other race

3. Please further describe your race or ethnic background? Please provide up to two responses.

(For example: Mexican and Polish, Chinese and Caribbean American, Puerto Rican and Russian)

\_\_\_\_\_

4. How would you rate your ability to speak and understand English?

Very Well       Well       Not Well       Not at all

5. What is your preferred spoken language for discussing healthcare?

(Provide one only.) \_\_\_\_\_

6. Would you like an Interpreter offered free of charge?

Yes       No       Not Applicable

7. In what language would you prefer reading medical or healthcare instruction?

(Provide one only.) \_\_\_\_\_