



OPTIONAL

Family Demographics

The following information is collected for statistical use only and is strictly confidential. For your privacy, no names will be used when reporting the following information. This information is necessary when applying for government and private funding.

DATE: _____

Patient's Ethnicity/Race (choose one or more response)

- | | |
|-----------------------------|------------------------|
| _____ Aboriginal | _____ Hispanic |
| _____ Arabic/Middle Eastern | _____ Latino |
| _____ Asian | _____ Maori |
| _____ Black/African Descent | _____ Multi-Racial |
| _____ Caucasian | _____ Native American |
| _____ East Indian | _____ Other |
| _____ First Nation | _____ Pacific Islander |

Primary Language Spoken in Your Household

- _____ English
- _____ Spanish
- _____ Other – please specify: _____

Does your family receive any need-based government assistance, such as SSI (disability), unemployment, food stamps, WIC, TANF (welfare/public assistance), public housing assistance/Section 8, etc.?

- _____ Yes _____ No