

TUCSON FAMILY MEDICINE
ARIZONA COMMUNITY PHYSICIANS
REGISTRATION ADDENDUM

Patient Name: _____

MRN: _____

Due to a governmental mandate that all healthcare is provided fairly, without regard to race or ethnicity, we have added new fields to our patient registration form. This information will be kept confidential.

Race (check one)

- Black, African American (01)
- Asian (02)
- Caucasian (White) (03)
- American Indian, Alaskan Native (08)
- Native Hawaiiin/Other Pacific Islander (09)
- Unknown (98)
- Declined (99)

Preferred Language (check one)

- English (EN)
- Spanish (SP)
- Arabic (AR)
- Chinese (all types) (ZH)
- French (FR)
- German (DE)
- Greek (EL)
- Italian (IT)

Ethnicity (check one)

- Hispanic
- Non-Hispanic
- Unknown

- Japanese (JA)
- Korean (KO)
- Navajo (NV)
- Polish (PL)
- Russian (RU)
- Tagalog' (TL)
- Ukrainian (UK)
- Vietnamese (VI)

E-mail (optional)

Patient Signature

Other _____
Specify

Patient declined filling out form.
Staff signature required.

Staff Signature