



EAGLE PHYSICIANS

To meet requirements associated with the American Recovery and Reinvestment Act (ARRA) as it relates to meaningful use of an electronic medical record, Eagle Physicians is required to gather some additional demographic data from you. This information will be recorded in your electronic chart to help Eagle continue improving our service for you.

Please write in your name and date of birth below and then check the appropriate boxes for race, ethnicity and preferred language.

After completing the form, please hand it back to our front desk staff and we'll record the new information in your record.

Thank you for your assistance.

Patient Name: _____

Date of Birth: _____

Race:

- American Indian or Alaska Native
- Asian
- Native Hawaiian
- Black or African American
- White
- Hispanic
- Other Race
- Other Pacific Islander
- Decline to Report

Ethnicity:

- Hispanic
- Non-Hispanic
- Decline to Report

Preferred Language:

- Arabic
- Chinese
- English
- French
- German
- Greek
- Hindi
- Indian (incl Hindi and Tamil)
- Italian
- Japanese
- Other

(Please list: _____)

Any Special Communication Needs:

Please list: _____