



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)

- | | |
|--|---|
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Arabic/Middle Eastern | <input type="checkbox"/> Latino |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Maori |
| <input type="checkbox"/> Black/African Descent | <input type="checkbox"/> Multi-Racial |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Native American |
| <input type="checkbox"/> East Indian | <input type="checkbox"/> Other |
| <input type="checkbox"/> First Nation | <input type="checkbox"/> 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