



<u>Clinic Date:</u>		<u>Arrival Time:</u>		
Name:				
DOB: (MM/DD/YYYY)		Phone:		
Email Address:				
Home Address Include City, State, ZIP Code:				
Gender/Sex	Female	Male	Decline to Specify	Other
Ethnicity (circle one)	Hispanic or Latino	Not Hispanic or Latino	Unknown/Not Reported	
Race (circle all that apply):		American Indian or Alaska Native	Asian	
Asian Indian	Chinese	Filipino	Japanese	
Korean	Vietnamese	Other Asian	Black or African American	
Native Hawaiian or Pacific Islander	Guamanian or Chamorro	Samoaan	Other Pacific Islander	
White	Other	Unknown / Not Reported	Decline to Specify	