

Please answer the following to monitor and assure quality of care for all patients:
(Quality Monitoring)

Ethnicity:

- Hispanic or Latino**
- Not Hispanic or Latino**
- Unknown**
- Declined**

Race:

- American Indian**
- Asian**
- Black or African American**
- Native Hawaiian or other Pacific Islander**
- White**
- Other race**

Preferred Language:

- English**
- Spanish**
- French**
- German**
- Other**
- Declined**