

PATIENT'S NAME: _____ **DATE OF BIRTH:** _____
: _____ : _____
: _____ : _____
: _____ : _____
: _____ : _____
: _____ : _____

Please answer all questions and provide an explanation, if necessary.

1) Do you have any impairment, for example: visual, hearing, speech, learning, physical, and/or a language or cultural barrier that will affect your ability to understand your child's medical condition and/or treatment?

2) Do you have any religious or culture customs that the doctor should know about?

3) What language do you speak, read, or write?

Primary: _____ **Other:** _____

4) Please circle one or more of the following to indicate the race of your child (for Federal Government reporting purposes).

- American Indian or Alaska Native.**
- Asian.**
- Black or African American.**
- Native Hawaiian or Other Pacific Islander.**
- White.**
- Declined to Answer**

5) Please circle one of the following to indicate your child's ethnicity (for Federal Government reporting purposes).

- Hispanic or Latino.**
- Not Hispanic or Latino.**
- Declined to Answer.**

6) Please indicate how you prefer to be contacted regarding your child's medical issues and reminders.

Home phone: _____ **Cell phone:** _____