ARIZONA COMMUNITY PHYSICIANS REGISTRATION ADDENDUM

Patient Name:_____

Account Number:_____

Due to a governmental mandate that all healthcare is provided fairly, without regard to race or ethnicity, we have added new fields to our patient registration form. This information will be kept confidential.

Race (check one)	Preferred Language (check one)
Black, African American (01)	English (EN)
Asian (02)	Spanish (ES)
Caucasian (White) (03)	Arabic (AR)
American Indian, Alaskan Native (08)	Chinese (all types) (ZH)
Native Hawaiian/Other Pacific Islander (09)	French (FR)
Unknown (98)	German (DE)
Declined (99)	Greek (EL)
	Italian (IT)
Ethnicity (check one)	Japanese (JA)
	Korean (KO)
Hispanic	Navajo (NV)
Non- Hispanic	Polish (PL)
Unknown	Russian (RU)
<u>E-mail</u>	Tagalog' (TL)
	Ukrainian (UK)
	Vietnamese (VI)
	Other
Patient Signature	(Specify)

Parent/Guardian Signature

Patient declined filing out the form. Staff signature required