

NAME: _____

DATE: _____

<p>How did you hear about our practice?</p> <ul style="list-style-type: none"><input type="radio"/> A Friend or Co-Worker<input type="radio"/> A Family Member<input type="radio"/> Website/Google Search<input type="radio"/> Another Physician <p>Name: _____</p>	<p>Race:</p> <ul style="list-style-type: none"><input type="radio"/> White<input type="radio"/> Asian<input type="radio"/> Black or African American<input type="radio"/> American Indian or Alaska Native<input type="radio"/> Native Hawaiian or other Pacific Islander<input type="radio"/> Other: _____<input type="radio"/> Unreported/Refused to Report
<p>Ethnicity:</p> <ul style="list-style-type: none"><input type="radio"/> Hispanic or Latin American<input type="radio"/> Non-Hispanic/Non-Latin American<input type="radio"/> Refused to Report	<p>Language:</p> <ul style="list-style-type: none"><input type="radio"/> English<input type="radio"/> Spanish<input type="radio"/> French<input type="radio"/> Chinese<input type="radio"/> Other: _____