

Associated Dermatologists of West Bloomfield & Commerce would like to thank you for taking the time to complete this short questionnaire. We are sorry for any inconvenience.

Electronic Health Records serve as an important facilitator for collecting patient demographic data. The 2009 economic stimulus bill and the 2010 health system reform bills both strongly encourage demographic data collection

Due to recent government initiatives to promote the use of electronic health records and in compliance with Meaningful Use, the reporting of the patient's racial background is now a requirement. Please complete the following information regarding the patient who is being seen today-

If you are uncomfortable answering this question, you may choose : "I choose not to answer this question"

Patient Name _____

Date: _____

How would you describe your/patient's race? (Please mark and "X" in the box adjacent to the answer that best describes this.)

Race

- White
 - Ethnicity:
 - Hispanic/Latino
 - Arab American
 - Black or African American
 - Native American including Alaska Native American
 - Native Hawaiian or other Pacific Islander
 - Asian
 - Other _____
 - Two or more races
 - I choose not to answer this question

Preferred Language

Signature: _____

Parent or Guardian must complete and sign if the patient is under 18

Primary Care Physician (Family Doctor, Pediatrician, Internal Medicine Doctor)

Name: _____

Phone: _____

City location of Practice: _____