

**ARIZONA COMMUNITY PHYSICIANS
REGISTRATION ADDENDUM**

Patient Name: _____

DOB: _____ Account Number: _____ Date: _____

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)

- Black, African American (01)
- Asian (02)
- Caucasian (White) (03)
- American Indian, Alaskan Native (08)
- Native Hawaiian/Other Pacific Islander (09)
- Unknown (98)
- Declined (99)

Ethnicity (check one)

- Hispanic
- Non- Hispanic
- Unknown

E-mail

Patient Signature

Parent/Guardian Signature

Preferred Language (check one)

- English (EN)
- Spanish (ES)
- Arabic (AR)
- Chinese (all types) (ZH)
- French (FR)
- German (DE)
- Greek (EL)
- Italian (IT)
- Japanese (JA)
- Korean (KO)
- Navajo (NV)
- Polish (PL)
- Russian (RU)
- Tagalog' (TL)
- Ukrainian (UK)
- Vietnamese (VI)
- Other _____
(Specify)

Patient declined filling out the form. Staff signature required