

Race and Ethnicity Questionnaire

Four Seasons Pediatrics participates in federal survey programs that report on quality of healthcare at the national level. As such, we are required to ask about information regarding your child. This information is not reported individually to any other organizations outside of Four Seasons Pediatrics. Your response to these questions is not required.

Please answer the following questions about the patient:

1. Race:

- American Indian or Alaska Native
- Black or African American
- White
- Other _____
- Unknown
- I do not wish to answer

2. Ethnicity:

- Hispanic
- Non – Hispanic
- Unknown
- I do not wish to answer

3. Primary Language:

- English
- Other _____
- I do not wish to Answer

4. May the doctors have your permission to view prescriptions prescribed outside this office by other locations?

- Yes
- No

Patient Name _____

DOB _____

Guardian Name _____

Signature _____

Date _____