

Mary Bridge Children's Pediatrics in Olympia participates in various government programs (example: Medicaid, child vaccination programs, etc.) To participate in these programs, the government requires us to ask the race, ethnicity and language of all our patients. This confidential information will **not affect** the quality of care. Thank you for taking a moment to help us with this.

****Please note: Primary Spoken/Reading Language is required. If you choose to not answer Race or Hispanic Ethnicity, please check "Declined to answer".**

List all children's names in your family on this form: (additional forms available)

1. Race: (Please place a check mark to the left of whichever option applies for Race and Ethnicity)

- | | | |
|--|--|--|
| <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> Fijian | <input type="checkbox"/> Congolese |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Filipino | <input type="checkbox"/> Cuban |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> First Nations | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Eritrean |
| <input type="checkbox"/> Hmong/Mong | <input type="checkbox"/> Malaysian | <input type="checkbox"/> Iranian |
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Indigenous-Latino/a or Latinx | <input type="checkbox"/> Syrian |
| <input type="checkbox"/> Bamar/Burman/Burmese | <input type="checkbox"/> Indonesian | <input type="checkbox"/> South African |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Iraqi | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Japanese | <input type="checkbox"/> Taiwanese |
| <input type="checkbox"/> Afghan | <input type="checkbox"/> Jordanian | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Kenyan | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Bhutanese | <input type="checkbox"/> Khmer/Cambodian | <input type="checkbox"/> Ugandan |
| <input type="checkbox"/> Central American | <input type="checkbox"/> Korean | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Cham | <input type="checkbox"/> Kuwaiti | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Chicano/a or Chicanx | <input type="checkbox"/> Lao | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Lebanese | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Marshallese | <input type="checkbox"/> Mestizo | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Mexican/Mexican American | <input type="checkbox"/> Mien | <input type="checkbox"/> Ethiopian |
| <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> Moroccan | <input type="checkbox"/> Egyptian |
| <input type="checkbox"/> Oromo | <input type="checkbox"/> Nepalese | <input type="checkbox"/> North African |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Saudi Arabian | <input type="checkbox"/> Yemeni |
| <input type="checkbox"/> Arab | <input type="checkbox"/> Somali | |
| <input type="checkbox"/> South American | <input type="checkbox"/> Afro-Caribbean | <input type="checkbox"/> Romanian/Rumanian |
| <input type="checkbox"/> Unknown to patient | <input type="checkbox"/> Unable to collect | <input type="checkbox"/> Declined to answer |

2. Hispanic Ethnicity:

- Yes -Another Hispanic, Latino or Spanish Origin Yes Cuban Yes Puerto Rican
 Yes, Mexican, Mexican American, Chicano/a No -Non Hispanic
 Unable to Collect Unknown whether Hispanic **Declined to answer**

3. Hispanic Origin:

- Cuban General Hispanic Mexican/Mexican American/Chicano
 Not Spanish/Hispanic Other Spanish/Hispanic Puerto Rican Unknown

4. Primary Spoken Language: _____

Primary Reading Language: _____

5. Need Interpreter? (circle one) YES / NO