RACE/ETHNICITY QUESTIONNAIRE

Patient Label _____

Patient Name _____ Date _____

Incompliance with THCIC (Texas Health Care Information Collection Center for Health Statics), the information regarding the race and ethnicity of the patient population per attending physician is required. This is to plan for and support the development of a healthcare system that meets the current and future healthcare needs of the people of Texas. In doing so, we ask that you assist us in providing this information by making the most appropriate selection regarding race and ethnicity from the choices listed below:

ETHNICITY *(Select One)*

____ **Hispanic:** a person who identifies with or is of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin.

____ **Non-Hispanic:** any possible options not covered in the above category.

____ **Unknown:** a person who cannot or refuses to declare ethnicity.

RACE *(Select One)*

____ **White:** a person having origins in or who identifies with any of the original Caucasian peoples of Europe, North Africa, or the Middle East.

____ **Black:** a person having origins in or who identifies with any of the black racial groups of Africa.

____ **Native American/Eskimo/Aleut:** a person having origins in or who identifies with any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition

____ **Asian/Pacific Islander:** a person having origins in or who identifies with any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. Includes Hawaii, Laos, Vietnam, Cambodia, Hong Kong, Taiwan, China, India, Japan, Korea, the Philippine Islands, and Samoa.

____ **Unknown:** any possible options not covered in the above categories. Includes patients who cite more than one race.