

Dear Patient,

UNM Medical Group Inc. wants to give you the best, safest health care possible! Your answers to these questions help us make sure we meet your needs and give the best, safest health care to all patients. Your answers will remain private. Access to this information is very restricted. **Thank you!**

Do you consider yourself Hispanic or Latino?

- Yes
- No
- Don't want to answer

What is your race? **PICK ONE.**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White or Anglo
- Two or more races
- Don't want to answer

If you do not speak English well, you have the right to a free interpreter. We will provide one for you. In what language do you prefer to **talk** about your health care? **PICK ONE.**

- English
- Spanish
- Vietnamese
- Navajo
- Other: _____

In what language do you prefer to **read** about your health care? **PICK ONE.**

- English
- Spanish
- Vietnamese
- I need help with reading
- None
- Other: _____

If you are American Indian/Native American, what tribe(s) or pueblo(s)?

- Navajo
- Pueblo: _____
- Other: _____
- Other: _____

What is your religion or spirituality?

- Baptist
- Buddhist
- Catholic
- Christian: _____
- Jehovah's Witness
- Jewish
- Latter-Day Saints/Mormon
- Muslim
- Native Traditional
- Protestant: _____
- Other: _____
- None
- Don't want to answer

What is your relationship status?

- Single
- Legally married
- Domestic partnership/civil union
- Partnered, living together
- Partnered, not living together
- Divorced/permanently separated
- Widowed/separated by death
- Other: _____
- Don't want to answer

Patient/Guardian signature

Patient Name

Date: _____

Thank you! If you have questions, please ask our staff.

(1) Enter data into Cerner,
(2) Place reg sticker here
(3) send form to ILS 2-5399