

EMR Expanded Demographics

First Name _____ **Last Name** _____

Middle Name _____ **Date of Birth** _____

Gender (please check) Male Female Other / Not specified

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Email** _____

Race (please circle)

Not Specified / Other

Native American or Alaskan Native

Asian

Black or African American

Hawaiian Native or other Pacific Islander

White

Ethnicity (please circle)

Not Specified/ Other

Hispanic or Latino or Spanish Origin

Not Hispanic or Latino or Spanish Origin

Preferred Language _____

Communication Preference (Please check one. Specify info if different from above.)

Phone _____

Mail _____

Email _____

Smoking Status (please check) Current smoker Former smoker Never smoked