PLACER PRIVATE PHYSICIANS

Personalized family and sports medicine

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Ethnicity and Race Specification Form

This form needs to be completed for all members joining Placer Private Physicians (we are required by the government to collect this information for all our patients)

Primary Member:

Last Name: _____ First Name: _____ DOB: _____

Ethnicity (circle one): Hispanic or Latino Non Hispanic or Latino Unknown Decline to Specify

Race (circle one): American Indian or Alaskan Indian Asian African American
Hawaiian or Pacific Islander White Other
Decline to Specify

Other Family Members (only designate if they are joining the practice):

Last Name: _____ First Name: _____ DOB: _____

Ethnicity: _____ Race: _____

(please write in appropriate category or designate “same as above”)

Last Name: _____ First Name: _____ DOB: _____

Ethnicity: _____ Race: _____

Last Name: _____ First Name: _____ DOB: _____

Ethnicity: _____ Race: _____

Last Name: _____ First Name: _____ DOB: _____

Ethnicity: _____ Race: _____