ARIZONA COMMUNITY PHYSICIANS **REGISTRATION ADDENDUM**

Patient Name:

Patient Name:	Account Number:
	Date:
Due to a governmental mandate that all healthcar race or ethnicity, we have added new fields to our information will be kept confidential.	•
Race (check one)	Preferred Language (check one)
Black, African American (01)	English (EN)
Asian (02)	Spanish (ES)
Caucasian (White) (03)	Arabic (AR)
American Indian, Alaskan Native (08)	Chinese (all types) (ZH)
Native Hawaiian/Other Pacific Islander (09)	French (FR)
Unknown (98)	German (DE)
Declined (99)	Greek (EL)
	Italian (IT)
Ethnicity (check one)	Japanese (JA)
	Korean (KO)
Hispanic	Navajo (NV)
Non- Hispanic	Polish (PL)
Unknown	Russian (RU)
E-mail	Tagalog' (TL)
	Ukrainian (UK)
	Vietnamese (VI)
	Other(Specify)
Patient Signature	(Specify)
Parent/Guardian Signature	Patient declined filling out the
	form. Staff signature required