

Patient Name _____ Date _____

Preferred Language

CIRCLE ONE

- Cantonese
- English
- French
- German
- Hindi
- Italian
- Japanese
- Mandarin
- Portugese
- Russian
- Spanish
- Vietnamese
- Other

Race

CIRCLE ONE

- American Indian
- Asian
- Black or African American
- White
- Alaskan Native
- Pacific Islander
- Decline to Answer
- Prohibited
- Unknown
- Hispanic
- Multiracial
- Native Hawaiian
- Other

Ethnicity

CIRCLE ONE

- Hispanic/ Latino
- Not Hispanic/Latino
- Decline to Answer
- Prohibited
- Unknown

Pharmacy Name

Pharmacy Address

Pharmacy Phone Number

Patient's Email Address
