

Demographic Information

Pediatric Associates is required to collect the following demographic information on each of our patients:

Child's Name _____ Date of Birth _____

Race: _____ Primary Language _____

_____ White _____ Secondary Language _____

_____ Black/African American

_____ Asian

_____ Native Hawaiian/Other Pacific Islander

_____ All Other Races

_____ Decline to Specify/Unknown

Ethnicity:

_____ Hispanic/Latino

_____ Not Hispanic/Latino

_____ Declined to Specify/Unknown

_____ None

Sex at Birth:

_____ Male

_____ Female

_____ Unknown

Gender Identity:

_____ Male

_____ Female

_____ Transgender Male

_____ Transgender Female

_____ Neither Exclusively Male or Female

_____ Not Sure/Questioning

_____ Additional Gender Category/Other Please Specify _____

_____ Decline to Specify