

Main Line Health	
Patient Name:	
Date of Birth:	
-	on, where every Main Line Health Patient feels respected for who they are, is llness Center. This data will be used to ensure high quality of care. If you do "Choose not to disclose."
Thank you.	
ETHNICITY	RACE (Please choose all races that apply)
Hispanic or Latino	American Indian or Alaska Native
Mexican	Asian
Puerto Rican	Indian
Cuban	Chinese
Central American	Filipino
South American	Japanese
Choose not to disclose	Korean
Non-Hispanic or Latino	Vietnamese
Choose not to disclose	Other
	Black or African American
	Black
	African
	African-American
	Caribbean
	Other
	Native Hawaiian or Other Pacific Islander
	Hawaii
	Guam
	Samoa
	Pacific Islands
	Other
	White
	White
	Eastern
	Eastern European
	Western European
	Middle Eastern
	North African

Other

Choose not to disclose

Other