

**ARIZONA COMMUNITY PHYSICIANS  
REGISTRATION ADDENDUM**

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Account Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Due to a governmental mandate that all healthcare is provided fairly, without regard to race or ethnicity, we have added new fields to our patient registration form. This information will be kept confidential.**

**Race** (check one)

- Black, African American (01)
- Asian (02)
- Caucasian (White) (03)
- American Indian, Alaskan Native (08)
- Native Hawaiian/Other Pacific Islander (09)
- Unknown (98)
- Declined (99)

**Ethnicity** (check one)

- Hispanic
- Non- Hispanic
- Unknown

**E-mail**

\_\_\_\_\_

\_\_\_\_\_

Patient Signature

\_\_\_\_\_

Parent/Guardian Signature

**Preferred Language** (check one)

- English (EN)
- Spanish (ES)
- Arabic (AR)
- Chinese (all types) (ZH)
- French (FR)
- German (DE)
- Greek (EL)
- Italian (IT)
- Japanese (JA)
- Korean (KO)
- Navajo (NV)
- Polish (PL)
- Russian (RU)
- Tagalog' (TL)
- Ukrainian (UK)
- Vietnamese (VI)
- Other \_\_\_\_\_  
(Specify)

\_\_\_\_\_

Patient declined filling out the form. Staff signature required