



PENN MEDICINE MONTGOMERY INTERNAL MEDICINE GROUP, PC
RACE AND ETHNICITY DATA REQUEST

Montgomery Internal Medicine Group is required to comply with New Jersey and the National efforts to report patient demographics which includes race and ethnicity. Therefore, the staff is required to collect this information for each of our patients. This data will be used to improve health care delivery on a state and national level. Our staff and physicians would appreciate your response for this effort.

Patient Name: _____

New Jersey Reporting (please circle/check one) *staff note that this section is under Registration: Additional Pat Info Tab*

Ethnicity:

- Not Spanish, Hispanic, Latino
- Hispanic or Latino, Central or South American
- Hispanic or Latino, Mexican, Mexican American, Chicano.
- Hispanic or Latino, Cuban
- Hispanic or Latino, Other Spanish, Hispanic/Latino
- Hispanic or Latino, Puerto Rican
- Decline to Answer

Race:

- American Indian or Alaskan Native
- Asian Indian
- Black or African American
- Chinese
- Filipino
- Guamanian or Chamorro
- Japanese
- Korean
- Multiracial: Black or African American and American Indian or Alaskan Native.
- Multiracial: White and American Indian or Alaskan Native.
- Multiracial: White and A
- Multiracial: White and Black or African American
- Native Hawaiian
- Other Asian
- Other Pacific Islander
- Other Race
- Samoan
- Vietnamese
- White
- Decline to Answer

National Reporting (please circle/check one) *staff note that this section is under Registration: Demographics tab*

Ethnic Group

- Hispanic, Latino
- Not Hispanic or Latino
- Decline to Answer

Race:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Other Race
- White
- Decline to Answer

Thank you for helping us stay compliant with State and Federal healthcare regulations.

Patient Signature: _____

Date: _____