

(Place Patient Identification Sticker Here)

Methodist Le Bonheur HealthCare REL Form

We want to make sure that all of our patients get the best care possible. We would like for you to tell us your racial/ethnic background so that we can review the treatment that all patients receive to ensure that everyone gets the highest quality of care. We would also like for you to select the language that you are most comfortable speaking to communicate with your doctors and nurses.

Please select one description from each category below:

- 1) **Patient's Ethnicity/Origin – Do you consider your (patient's) origin/ background to be Hispanic or Latino? (A Person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)**

☐ Yes ☐ No ☐ Prefer not to answer

- 2) **Patient's Race -- Which selection below best describes your (patient's) race? Please select all that apply:**

☐ Black/African American ☐ Asian
☐ White/Caucasian ☐ American Indian/Alaskan Native
☐ Native Hawaiian/Pacific Islander ☐ Prefer not to answer
☐ Other: _____

- 3) **Patient's Language Preference – What language do you (patient) feel most comfortable speaking with your doctors and nurses?**

☐ English ☐ French ☐ Italian ☐ Malayalam ☐ Taiwanese
☐ Spanish ☐ Fulani ☐ Korean ☐ Russian ☐ Tamil
☐ Arabic ☐ German ☐ Kurdish ☐ Somali ☐ Telugu
☐ Cantonese ☐ Hindi ☐ Mandarin ☐ Swahili ☐ Wolof
☐ Other: _____ ☐ Tagalog ☐ Vietnamese
☐ American Sign Language ☐ Prefer not to answer

If this patient is a minor (less than 18 year old), what is the Language Preference of the Patient's Parent? _____

Patient Signature: _____ **Date:** _____

If you are answering these questions on behalf of the patient, please sign below:

Patient Representative: _____ Date: _____

Relation to Patient: _____

For Office Use Only: PAS Associates – If the patient did not complete this form, and the information was provided verbally, please sign the form in this section:

PAS Associate Name: _____ Date: _____

