

Culture and Language Preference Update

Tri-County Medical Associates wants to ensure that all of our patients get the best care possible.

That's why we're asking you to tell us more about yourself and your family members.

**Ensuring the delivery of high-quality, patient-centered care requires understanding
the needs of the patients we serve.**

Please share your ethnicity, race and language preferences with us.

Patient Name: _____ **Patient Date of Birth:** _____

Please select your response by placing an X in the space provided.

How would you classify yourself (or the patient):

By race:

- ___ American Indian or Alaska Native
- ___ Asian
- ___ Black or African American
- ___ Native Hawaiian or Other Pacific Islander
- ___ White

By ethnic background:

- ___ Hispanic or Latino
- ___ Not Hispanic or Latino

What language do you feel most comfortable speaking:

- | | | |
|----------------------------|-------------------------|-----------------------|
| ___ African languages | ___ Hebrew | ___ Polish |
| ___ American Sign Language | ___ Hindi | ___ Portuguese Creole |
| ___ Arabic | ___ Hungarian | ___ Portuguese |
| ___ Armenian | ___ Italian | ___ Russian |
| ___ Chinese | ___ Japanese | ___ Serbo-Croatian |
| ___ English | ___ Korean | ___ Spanish |
| ___ French | ___ Laotian | ___ Tagalog |
| ___ French Creole | ___ Miao Hmong | ___ Thai |
| ___ German | ___ Mon-Khmer Cambodian | ___ Urdu |
| ___ Greek | ___ Navajo | ___ Vietnamese |
| ___ Gujarathi | ___ Persian | ___ Yiddish |

Do you require interpreter services? ___ No ___ Yes

Signature: _____ **Date:** _____

Tri-County Medical Associates is committed to protecting all information provided.