



**STATISTICAL ANALYSIS DATA****Preferred Language:**
 English  Spanish  Other \_\_\_\_\_
**Do you need an interpreter:**
 Yes  No
**Barriers**
**Do you have a**  Speech Impediment and/or  Hearing Impaired
**Race:**

- Asian  
 Asian Indian  Chinese  Filipino  Japanese  Korean  Vietnamese  Other Asian  
 Native Hawaiian/Other Pacific Islander  
 Native Hawaiian  Other Pacific Islander  Guamanian or Chamorro  Samoan  
 Black/African American  
 American Indian/Alaska Native  
 White  
 More than one race  
 Decline to Answer, please explain why \_\_\_\_\_

**Hispanic Ethnicity:**

- Hispanic, Latino/a, Spanish origin  
 Mexican, American, Chicano/a  Puerto Rican  Cuban  Another Hispanic, Latino/a, or Spanish Origin  Hispanic, Latino/a, Spanish Origin Combined  
 Not Hispanic/Latino/Spanish origin  
 Prefer Not to Disclose Ethnicity

**Sex at Birth – What sex you were assigned at birth on your original birth certificate**
 Male  Female  Choose not to disclose
**Sexual Orientation – What do you think of yourself as:**

Sexual Orientation is defined as to which gender(s) a person is physically attracted: to the opposite gender (heterosexual), to the same gender (homosexual), or to both genders (bisexual).

- Lesbian, Gay or Homosexual  Straight or Heterosexual  Bisexual  
 Other, please describe \_\_\_\_\_  
 Don't know  Unknown  
 Choose not to disclose

**Gender Identity – What is your CURRENT Gender Identity? (Check all that apply)**

Gender Identity is defined as a person's identification as male or female, which may or may not correspond to the person's body or their sex at birth (meaning what sex was originally listed on a person's birth certificate).

- Male  
 Female  
 Female-to-Male (FTM)/Transgender Male/Transgender Man/Transmasculine  
 Male-to-Female (MTF)/Transgender Female/Transgender Woman  
 Genderqueer, neither exclusively male nor female  
 Other, please specify \_\_\_\_\_  
 Unknown  
 Choose not to disclose

**Pronouns (Check all that apply if you choose to answer – this is not required)**

- He/Him/His//His'/Himself  
 She/Her/Her/Hers/Herself  
 They/Them/Their/Theirs/Themselves  
 Other, please specify \_\_\_\_\_  
 Choose not to disclose

The foregoing information is true to the best of my knowledge, and I request PCSG to provide me and/or my family with medical care. I acknowledge my responsibility to pay for services according to the policies established by PCSG. I acknowledge by signing below that I have received a copy of and read the PCSG HIPAA Privacy Policy Notice along with PCSG's Patient's Rights &amp; Responsibilities.

Patient or Guardian Signature X \_\_\_\_\_ Date \_\_\_\_\_

Relationship if other than Patient \_\_\_\_\_