

HERSHEY PEDIATRIC CENTER

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DEMOGRAPHICS INFORMATION FORM

Patient: _____

Please answer the following:

Ethnicity: Not Hispanic or Latino, Hispanic or Latino, Prefer not to answer

Race: White, American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, prefer not to answer

Preferred Language(s): _____

Patient: _____

Please answer the following:

Ethnicity: Not Hispanic or Latino, Hispanic or Latino, Prefer not to answer

Race: White, American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, prefer not to answer

Preferred Language(s): _____

Patient: _____

Please answer the following:

Ethnicity: Not Hispanic or Latino, Hispanic or Latino, Prefer not to answer

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Preferred Language(s): _____
