

**WENDOVER OB/GYN & INFERTILITY, INC.
MEANINGFUL USE DEMOGRAPHIC FORM**

The American Recovery & Reinvestment Act and the Health Information Technology for Economic and Clinical Health (HITECH) Act establish the criteria for "meaningful use" of electronic health records. As part of this initiative we are required to record in your electronic health record the demographic categories and choices as listed below. We appreciate your CIRCLING appropriately these choices as they apply to you.

Race:

- Asian
- Black or African American
- White or Caucasian
- American Indian or Alaska Native
- Native Hawaiian
- Other Pacific Islander
- More than one race
- Undefined
- Refuse to Report/Unreported

Ethnicity:

- Hispanic or Latino - Circle one YES NO
- Undefined
- Refuse to Report

Language:

- | | |
|------------------------|-------------|
| English | Hungarian |
| Spanish | Italian |
| French | Khmer |
| French Canadian | Lao |
| Hindi | Maori |
| Indian | Mien |
| Japanese | Norwegian |
| Korean | Oromomaffia |
| Vietnamese | Other |
| American Sign Language | Polish |
| Arabic | Portuguese |
| Brazilian Portuguese | Russian |
| Chinese | Slovak |
| Chinese(Cantonese) | Somali |
| Czech | Swahili |
| Danish | Swedish |
| Dutch | Tagalog |
| Farsi | Thai |
| Filipino | Turkish |
| German | Tygrinia |
| Greek | Ukrainian |
| Hmong | Visayan |

PATIENT NAME PRINTED: _____

PATIENT SIGNATURE: _____