



The Illinois Department of Public Health (IDPH) requires that all medical providers provide specific information for an outpatient database. **Your name, address and social security number are NOT part of this database.** The new IDPH Rules and Regulations effective January 1<sup>st</sup> 2008 requires that additional information requested below that is not currently in our database. If you choose, it is your right to refuse to provide the information requested below.

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Preferred Language: \_\_\_\_\_

**Ethnicity- (Circle One)**

Hispanic or Latino

Non-Hispanic or Latino

**Race- (Circle One)**

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Unknown

Religion: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_