

**TWIN LAKES MEDICAL ASSOCIATES, PC**  
**VOLUNTARY PATIENT INFORMATION FORM**

OUR OFFICE HAS IMPLEMENTED A NEW POLICY REQUESTING INFORMATION ABOUT THE GENDER, RACE, ETHNICITY, AND PREFERRED LANGUAGE OF OUR PATIENTS IN ORDER TO COMPLY WITH NEW GOVERNMENT GUIDELINES. THIS INFORMATION IS HELPFUL TO BETTER SERVE OUR PATIENTS AND ALLOWS US TO STRIVE TO IMPROVE THE QUALITY OF CARE WE OFFER. DENIAL OF THIS VOLUNTARY INFORMATION WILL NOT EFFECT YOUR TREATMENT IN ANY WAY.

GENDER :

MALE  
FEMALE  
PREFER NOT TO ANSWER

RACE:

ASIAN  
AMERICAN INDIAN / ASLAKA NATIVE  
BLACK / AFRICAN AMERICAN  
NATIVE HAWAIIAN / PACIFIC ISLANDER  
WHITE / CAUCASIAN  
PREFER NOT TO ANSWER

ETHNICITY:

HISPANIC  
NOT HISPANIC

PREFERRED LAUNGUAGE:

AMERICAN SIGN LANGUAGE	ENGLISH
ARABIC	HINDI
BENGALI	JAPANESE
CHINESE	SPANISH
OTHER	PREFER NOT TO ANSWER

PATIENT  
SIGNATURE \_\_\_\_\_