



**SCOLIOSIS
ASSOCIATES**

Scoliosis Associates Patient Race/Ethnicity Classification Form

This information is being collected strictly for research purposes and will be password-protected once it is entered into your electronic medical records. Dr. Lonner is trying to determine if there are any health disparities in clinical patient care related to income, type of health insurance, and household status (single parent/dual parent households).

Parent/Parents Income Range

\$0- \$15,000 <input type="checkbox"/>	\$75,000- \$125,000 <input type="checkbox"/>
\$15,000- \$30,000 <input type="checkbox"/>	\$125,000-\$200,000 <input type="checkbox"/>
\$30,000- \$50,000 <input type="checkbox"/>	\$200,000 + <input type="checkbox"/>
\$50,000- \$75,000 <input type="checkbox"/>	

Patient Name:

Date:

Racial Category	Definition of Category
<input type="checkbox"/> Asian Please Specify _____	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including: China, Japan, Korea, Malaysia, Pakistan, Thailand, Vietnam, Cambodia, India, and the Philippine Islands.
<input type="checkbox"/> Black or African American Please Specify _____	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Hispanic or Latino Please Specify _____	A person of Cuban, Mexican, Puerto Rican, South/Central American, and other Spanish culture or origin.
<input type="checkbox"/> Native American or Alaska Native Please Specify _____	A person having origins in any of the original peoples of North, Central, or South America, and who maintain tribal affiliations or community attachment.
<input type="checkbox"/> Native Hawaiian or Pacific Islander Please Specify _____	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> White or Caucasian Please Specify _____	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<input type="checkbox"/> Other (Please Specify) _____	



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