## Salem Family Primary Care





Patient Name:		DOB:	
<u>Race</u>			
☐ American Indian or Alaska Native	Asian	■ Native	Hawaiian or Other Pacific Islander
■ Black or African American	■ White	☐ Hispan	ic
☐ Other Race	☐ Other Pacific Islander ☐ Decline to Report		
<b>Ethnicity</b>			
☐ Hispanic or Latin ☐ Not Hispanic o	or Latin Dec	line to Report	t
Preferred Language			
■ English ■ Spanish ■ Other			
Did you receive a letter from Steward F	Primary care to	notify you th	at your provider moved?
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