



San Gabriel Valley Foundation for Dental Health

In order to maintain our non-profit status, the San Gabriel Foundation for Dental Health must keep track of demographic information relating to our patients.
Please mark the option that best describes your child.

Patient Name: _____ Home Zip Code: _____

Race:

- White (includes Hispanic)
- Black
- Native American / Alaskan Native
- Asian / Pacific Islander
- Other / Unknown

Ethnicity:

- Hispanic
- Non-Hispanic
- Unknown

Languages spoken at home:

- | | | |
|----------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> German | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Hindi | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Russian |
| <input type="checkbox"/> French | <input type="checkbox"/> Korean | <input type="checkbox"/> Italian |

En orden para mantener nuestra clínica en status de bajo recursos, la Clínica de San Gabriel Valley Fundación para Dental Health tenemos que mantener la información demographica relacionada con nuestros pacientes.

Por favor marque la opción que mejor describa su hijo o hija

Nombre del Paciente: _____ Código Postal del Hogar _____

Raza:

- White (includes Hispanic)
- Black
- Native American / Alaskan Native
- Asian / Pacific Islander
- Other / Unknown

Etnicidad:

- Hispanic
- Non-Hispanic
- Unknown

Idiomas Hablados en Casa:

- | | | |
|----------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> German | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Hindi | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Russian |
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