

*Patient label*

**NEWBORN RACE/ETHNICITY FORM**

Please complete this form and return to your OB or midwife's office.

*Why do we request this information? Massachusetts General Hospital, in partnership with Mass General Brigham, strives to make sure that all of our patients receive the best care possible, regardless of background. Collecting accurate data directly from our patients helps us to meet that goal. Please tell us how you will identify your newborn's race and ethnicity. The collection of this information is confidential and voluntary. It will not affect the delivery of services nor ever be used to discriminate in the provision of services.*

BIRTH PARENT IDENTIFICATION																																																																																																																																	
Birth Parent's Name _____					Date of Birth _____																																																																																																																												
Medical Record Number (MRN) _____					Expected Due Date _____																																																																																																																												
NEWBORN'S RACE AND ETHNICITY INFORMATION																																																																																																																																	
<p><b>Race</b> (Please select all that apply): <input type="checkbox"/> American Indian/Alaska Native   <input type="checkbox"/> Asian   <input type="checkbox"/> Black  <input type="checkbox"/> Native Hawaiian/Other Pacific Islander   <input type="checkbox"/> White/Caucasian   <input type="checkbox"/> Other   <input type="checkbox"/> Declined</p> <p><b>Do you identify your newborn as Hispanic or Latino/a?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Declined</p>																																																																																																																																	
<p><b>Ethnic Background</b> (Please select all that apply):</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tbody> <tr><td>Afghanistani</td><td>African American</td><td>Albanian</td><td>Algerian</td><td>American</td><td>Argentinian</td><td>Armenian</td><td>Asian Indian</td></tr> <tr><td>Assyrian</td><td>Bahraini</td><td>Bangladeshi</td><td>Barbadian</td><td>Belgian</td><td>Belizean</td><td>Bhutanese</td><td>Bosnian</td></tr> <tr><td>Bolivian</td><td>Brazilian</td><td>Burmese</td><td>Cambodian</td><td>Canadian</td><td>Cape Verdean</td><td>Central American Indian</td><td>Chilean</td></tr> <tr><td>Chinese</td><td>Colombian</td><td>Costa Rican</td><td>Criollo</td><td>Croatian</td><td>Cuban</td><td>Czech</td><td>Danish</td></tr> <tr><td>Dominica Islander</td><td>Dominican</td><td>Dutch</td><td>Eastern European</td><td>Ecuadorian</td><td>Egyptian</td><td>Emirati</td><td>English</td></tr> <tr><td>Estonian</td><td>Ethiopian</td><td>Filipino</td><td>Finnish</td><td>French</td><td>German</td><td>Ghanaian</td><td>Greek</td></tr> <tr><td>Guatemalan</td><td>Guyanese</td><td>Haitian</td><td>Hmong</td><td>Honduran</td><td>Icelandic</td><td>Indonesian</td><td>Iranian</td></tr> <tr><td>Iraqi</td><td>Irish</td><td>Israeli</td><td>Italian</td><td>Iwo Jimian</td><td>Jamaican</td><td>Japanese</td><td>Jewish-Ashkenazi</td></tr> <tr><td>Jewish-not specified</td><td>Jewish-Sephardic</td><td>Jordanian</td><td>Korean</td><td>Kuwaiti</td><td>Laotian</td><td>Latvian</td><td>Lebanese</td></tr> <tr><td>Liberian</td><td>Lithuanian</td><td>Madagascar</td><td>Maldivian</td><td>Mexican, Mexican American, Chicano</td><td>Middle Eastern or North African</td><td>Moroccan</td><td>Nepalese</td></tr> <tr><td>Nicaraguan</td><td>Nigerian</td><td>Norwegian</td><td>Okinawan</td><td>Pakistani</td><td>Palestinian</td><td>Panamanian</td><td>Paraguayan</td></tr> <tr><td>Peruvian</td><td>Polish</td><td>Portuguese</td><td>Puerto Rican</td><td>Qatari</td><td>Russian</td><td>Salvadoran</td><td>Saudi</td></tr> <tr><td>Scottish</td><td>Sierra Leonian</td><td>Singaporean</td><td>Somalian</td><td>South American Indian</td><td>Spanish</td><td>Sri Lankan</td><td>Swedish</td></tr> <tr><td>Swiss</td><td>Syrian</td><td>Taiwanese</td><td>Thai</td><td>Tobagoan</td><td>Trinidadian</td><td>Ukrainian</td><td>Uruguayan</td></tr> <tr> <td>Venezuelan</td> <td>Vietnamese</td> <td>West Indian</td> <td colspan="4">Other (specify): _____</td> <td colspan="2" style="text-align: right;"><i>Decline to answer</i></td> </tr> </tbody> </table>									Afghanistani	African American	Albanian	Algerian	American	Argentinian	Armenian	Asian Indian	Assyrian	Bahraini	Bangladeshi	Barbadian	Belgian	Belizean	Bhutanese	Bosnian	Bolivian	Brazilian	Burmese	Cambodian	Canadian	Cape Verdean	Central American Indian	Chilean	Chinese	Colombian	Costa Rican	Criollo	Croatian	Cuban	Czech	Danish	Dominica Islander	Dominican	Dutch	Eastern European	Ecuadorian	Egyptian	Emirati	English	Estonian	Ethiopian	Filipino	Finnish	French	German	Ghanaian	Greek	Guatemalan	Guyanese	Haitian	Hmong	Honduran	Icelandic	Indonesian	Iranian	Iraqi	Irish	Israeli	Italian	Iwo Jimian	Jamaican	Japanese	Jewish-Ashkenazi	Jewish-not specified	Jewish-Sephardic	Jordanian	Korean	Kuwaiti	Laotian	Latvian	Lebanese	Liberian	Lithuanian	Madagascar	Maldivian	Mexican, Mexican American, Chicano	Middle Eastern or North African	Moroccan	Nepalese	Nicaraguan	Nigerian	Norwegian	Okinawan	Pakistani	Palestinian	Panamanian	Paraguayan	Peruvian	Polish	Portuguese	Puerto Rican	Qatari	Russian	Salvadoran	Saudi	Scottish	Sierra Leonian	Singaporean	Somalian	South American Indian	Spanish	Sri Lankan	Swedish	Swiss	Syrian	Taiwanese	Thai	Tobagoan	Trinidadian	Ukrainian	Uruguayan	Venezuelan	Vietnamese	West Indian	Other (specify): _____				<i>Decline to answer</i>	
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