



MINNESOTA ONCOLOGY

Patient Name _____ DOB _____

In order to comply with state requirements we ask that you tell us your country of origin, racial/ethnic background and preferred language. Your answers will be confidential and will have no effect on the care you receive.

Please tell me in what country you were born.

(Check one box or write in the country name beside "Other" if you do not see your country listed.)

- | | | | | |
|---|----------------------------------|------------------------|--|---------------------------------------|
| Afghanistan . . . AF | Cote D'Ivoire . . . C7 | Israel IS | Nigeria NR | Sweden S5 |
| Albania AL | Croatia CT | Italy IT | North Korea . . . NK | Switzerland SZ |
| Algeria A1 | Cuba CU | Jamaica JA | Norway NO | Syria SY |
| Angola AN | Cyprus CY | Japan JP | Oman OM | Taiwan TA |
| Argentina AR | Czech Republic CZ | Jordan JO | Pakistan PA | Tajikistan TJ |
| Armenia A2 | Denmark DE | Kazakhstan . . . KA | Palestinian State
(proposed) . . . PS | Tanzania TZ |
| Australia AU | Djibouti DJ | Kenya KE | Panama PN | Thailand TH |
| Austria A3 | Dominican
Republic DR | Kuwait KU | Papua New Guinea PP | Togo TG |
| Azerbaijan AZ | East Timor ET | Kyrgyzstan . . . KY | Paraguay PR | Tonga TO |
| Bahamas BA | Ecuador EC | Laos LA | Peru PU | Trinidad and
Tobago TT |
| Bahrain B1 | Egypt EG | Latvia LT | Philippines PH | Tunisia TU |
| Bangladesh . . . B2 | El Salvador . . . EL | Lebanon LE | Poland PO | Turkey TK |
| Barbados B3 | Equatorial Guinea EQ | Lesotho LS | Portugal PT | Turkmenistan . . . TM |
| Belarus BE | Eritrea ER | Liberia LI | Puerto Rico P1 | Uganda UG |
| Belgium B4 | Estonia ES | Libya LB | Qatar QA | Ukraine UK |
| Belize B5 | Ethiopia EP | Lithuania L1 | Romania RO | United Arab
Emirates . . . UA |
| Benin B6 | Fiji FI | Luxembourg . . . LU | Russia RU | United Kingdom . . UN |
| Bhutan BH | Finland FL | Macedonia MA | Rwanda RW | United States . . . US |
| Bolivia BO | France FR | Madagascar . . . MD | Saint Lucia SL | Uruguay UR |
| Bosnia Herzegovina B7 | Gabon GA | Malawi ML | Saint Vincent & the
Grenadines . . . SV | Uzbekistan UZ |
| Botswana B8 | Gambia G1 | Malaysia MY | Samoa SA | Vanuatu VA |
| Brazil BR | Georgia GE | Maldives MV | Sao Tome and
Principe ST | Venezuela VE |
| Brunei B9 | Germany G2 | Mali MI | Saudi Arabia . . . SU | Vietnam VI |
| Bulgaria BU | Ghana GH | Malta MT | Senegal SE | Western Sahara . . WS |
| Burma BM | Greece GR | Marshall Islands . M2 | Serbia SB | Yemen YE |
| Burkina Faso . . . BK | Grenada G3 | Mauritania MU | Sierra Leone . . . SI | Yugoslavia (former) YU |
| Burundi BD | Guatemala GU | Mauritius MS | Singapore SN | Zambia ZA |
| Cambodia CA | Guinea GI | Mexico ME | Slovakia SK | Zimbabwe ZI |
| Cameroon C1 | Guinea-Bissau . GB | Micronesia MC | Slovenia S1 | Other O
(please specify) |
| Canada CN | Guyana GY | Moldova MO | Solomon Islands . SS | _____ |
| Cape Verde CP | Haiti HA | Mongolia MN | Somalia SM | Chose not to
answer/Declined . . D |
| Central African
Republican . . . CE | Honduras HO | Montenegro MG | South Africa . . . S2 | Unknown U |
| Chad CH | Hungary HU | Morocco MR | South Korea . . . S3 | |
| Chile C2 | Iceland IC | Mozambique . . . MZ | Spain SP | |
| China C3 | India IN | Namibia NA | Sri Lanka S4 | |
| Colombia CO | Indonesia ID | Nepal NE | Sudan SD | |
| Comoros C4 | Iran IR | Netherlands . . . NT | Suriname SR | |
| Congo, Democratic
Republic of . . . C5 | Iraq IQ | New Zealand . . . NZ | Swaziland SW | |
| Congo, Republic of CR | Ireland IE | Nicaragua NI | | |
| Costa Rica C6 | | Niger NG | | |

Please tell me the race/ethnicity groups that best describe you.

(Check the groups that best describe you. Multiple selections are permitted.)

- | | | | |
|--|---|--|---|
| Native American or Alaska Native | N | Native Hawaiian/Other Pacific Islander | I |
| Asian | O | White | W |
| Black or African American | B | Choose not to Disclose/Declined | D |
| Hispanic or Latino | H | Unknown | U |
| Other | T | | |

In what language can we best serve you? *(Check one language)*

- | | | | | | |
|----------------------------|-----|-------------------------|-----|----------------------|-----|
| Amharic | AMH | Iranian | IRA | Sundanese | SUN |
| Arabic | ARA | Irish | GLE | Swahili | SWA |
| Bosnia | BOS | Italian | ITA | Swedish | SWE |
| Burmese | BUR | Japanese | JPN | Tagalog | TAG |
| Cambodian | CAM | Korean | KOR | Tai | TAI |
| Cantonese | CAN | Laotian | LAO | Thai | THA |
| Chinese | CHI | Latin | LAT | Tibetan | TIB |
| Danish | DAN | Mandarin | MAN | Tigrinya | TIG |
| Dutch | DUT | Norwegian | NOR | Turkish | TUR |
| English | ENG | Oromo | ORO | Ukrainian | UKR |
| Filipino | FIL | Persian | PER | Urdu | URD |
| Finnish | FIN | Philippine | PHI | Vietnamese | VIE |
| French | FRE | Polish | POL | | |
| German | GER | Portuguese | POR | Other | O |
| Greek | GRE | Romanian | RUM | | |
| Hearing Impaired | HI | Russian | RUS | | |
| Hindi | HIN | Sign Language | SGN | Declined | D |
| Hmong | HMN | Somali | SOM | Unavailable/Unknown | U |
| Indonesian | IND | Spanish | SPA | | |