



Anne Arundel
Medical Center

Women's Center
for Pelvic Health



WCPH Patient Background Questionnaire

Patient Name: _____ Date of Birth: _____

Primary Language:

- English
- Spanish
- Other (please specify): _____
- Decline to respond

Race:

- American Indian / Alaskan Native
- Asian
- Black / African American
- Native Hawaiian / Other Pacific Islander
- White
- Other (please specify): _____
- Decline to respond

Ethnicity:

- Hispanic or Latino
- Non Hispanic or Latino
- Other (please specify): _____
- Decline to respond

Religion:

- Please specify: _____
- None

Why do we request this data?

We are working to ensure high quality care for all of our patients; regardless of race, ethnicity or language. We will use it to create an accurate snapshot and trending of our patient population. As well as the need for more care interventions such as interpreter services, translated patient healthcare information, improving rates of preventive services, and cultural competency training for our staff. Thank you for your assistance with this project. You are welcome to decline to share this information if you prefer.

Briana Walton, MD
Katherine Hill, CRNP

Kay Hoskey, MD
Katherine Smollon, CRNP

Yong Zheng, MD
Tamara Kennedy, CRNP