

**PLEASE TAKE A MOMENT TO GIVE US PERSONAL INFORMATION WE ARE
REQUIRED TO COLLECT IN ORDER TO COMPLY WITH THE AFFORDABLE
HEALTHCARE ACT**

(Please circle one)

Ethnicity: Decline to Answer Caucasian African American
 Hispanic/Latin American Asian American Indian
 Native Hawaiian/Other Pacific Islander Other _____

Smoking Status: Decline to Answer Current Everyday Current Some Day
 Smoker Smoker
 Former Smoker Never Smoked Unknown If Ever Smoker, Current Status
 Smoked Unknown

Preferred Communication: Email Mail Phone

Preferred Language Spoken: _____