AMBULATORY SURGERY CENTER OF STOCKTON
2388 N. CALIFORNIA STREET
STOCKTON, CA 95204

The California Health & Safety Code (Section 128737) requires that medical facilities collect and submit required information to the Office of Statewide Health Planning & Development beginning January 1, 2005. We have all of the required information except for the information requested below. This information will be used by the State of California in the development and improvements of healthcare services and products.

RACE

- ☐ American Indian (R1)
- ☐ Asian (R2)
- ☐ Black / African American (R3)
- ☐ Native Hawaiian / Pacific Islander (R4)
- ☐ Caucasian (R5)
- ☐ Other Race (R6)
- ☐ Unknown (99)

ETHNICITY

- ☐ Hispanic/Latino (El)
- ☐ Non-Hispanic / Non-Latino (E2)
- ☐ Unknown (99)

PRIMARY LANGUAGE SPOKEN (Check One)

☐ Arabic ☐ Armenian ☐ Cambodian ☐ Chinese ☐ English ☐ French
☐ German ☐ Greek ☐ Hindi ☐ Hungarian ☐ Italian ☐ Japanese
☐ Korean ☐ Polish ☐ Portuguese ☐ Russian ☐ Spanish ☐ Vietnamese
☐ Unknown

IF THIS IS AN ACCIDENT OR INJURY, PLEASE ANSWER THESE QUESTIONS:

1 st date of injury or illness _____

Work Related Y N Claim# _____ DOI _____

Auto Related Y N Place of Accident _____

Another Party Resp Y N Other _____

Brief description of how injury or accident occurred _____

_____

_____

_____

_____

NAME:
ACT#:
DOB: AGE: SEX:

DOS: