

# Sun City Medical Partners

27830 Bradley Road, Sun City, CA 92586 Phone: (951) 679-2358 Fax: (951) 672-8599

**David H. Nguyen, M.D.**

Diplomate American Board of Internal Medicine

**Thang (Tim) D. Nguyen, M.D.**

Diplomate American Board of Internal Medicine

Dear Patients,

To assist our practice meet Medicare/Government Regulations; we would appreciate your answer to the following questions:

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## TOBACCO USE

Tobacco Use:  Current  Former  Never

Type:  Cigarettes  Cigar  Pipe  Chewing Tobacco

Packs/Units per Day: \_\_\_\_\_

Ever tried to quit: No / Yes Year Quit: \_\_\_\_\_

## RACE

- |   |  |
|---|--|
| <input type="checkbox"/> African American                 | <input type="checkbox"/> Hispanic or Latino                        |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Other                                     |
| <input type="checkbox"/> Caucasian                        | <input type="checkbox"/> Patient declines to provide information   |

## ETHNICITY

- |   |  |
|---|--|
| <input type="checkbox"/> Hispanic or Latino     | <input type="checkbox"/> Patient declines to provide information |
| <input type="checkbox"/> Not Hispanic or Latino |  |

## PRIMARY LANGUAGE

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Vietnamese                              |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Chinese                                 |
| <input type="checkbox"/> French  | <input type="checkbox"/> Other                                   |
| <input type="checkbox"/> Korean  | <input type="checkbox"/> Patient declines to provide information |

## RELIGION

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Buddhist  | <input type="checkbox"/> Catholic                                |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Muslim                                  |
| <input type="checkbox"/> Hindu     | <input type="checkbox"/> Other                                   |
| <input type="checkbox"/> Jew       | <input type="checkbox"/> Patient declines to provide information |

Thank you for your cooperation!  
Sun City Medical Partners