



silicon valley podiatry group

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Silicon Valley Podiatry Group is currently updating patient's computer records to comply with the Certified Electronic Healthcare Records Rules. Please help us by providing the following confidential information. Thank you.

Patient Name _____

Race	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Asian Indian
	<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	Prefer not to say
	<input type="checkbox"/>	White		
	<input type="checkbox"/>	Other Pacific Islander		
Ethnicity	<input type="checkbox"/>	Hispanic/ Latino	<input type="checkbox"/>	Not Hispanic/ Latino
Preferred Language	<input type="checkbox"/>	English	<input type="checkbox"/>	Italian
	<input type="checkbox"/>	Spanish	<input type="checkbox"/>	Japanese
	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Sign Language
	<input type="checkbox"/>	French	<input type="checkbox"/>	Arabic
	<input type="checkbox"/>	German	<input type="checkbox"/>	Other_____
Veteran	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Local pharmacy/ address _____

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