



MARIN SPECIALTY
SURGERY CENTER

10. Patient Population Survey

As of January 1, 2005, California state law requires hospital emergency departments and all ambulatory surgery centers to report the causes of injury to our patients (Section 97227 of the California Code of Regulations). The purpose of this requirement is to help governmental agencies to create strategies to minimize injuries and the costs associated with those injuries. The cause of your injury will be reported to the state as a standardized number code.

The information you complete below will be maintained in the strictest confidence. Your name will not be reported to the state with this information and your answers will not become a part of your medical record.

1. Was the condition you are being treated for today caused by an accident or other external cause (such as repetitive stress)? Yes No

If yes, please answer the following questions:

Date of injury: _____

How did the accident/injury happen? _____

Where did the accident/injury happen? _____

2. Have you been treated for your condition at an emergency room, hospital, or surgery center before today? (Your doctor's office does not count.) Yes No

3. *As of January 1, 2005, the State of California, Office of Statewide Health Planning and Development (OSHPD) mandate that Ambulatory Surgery Centers collect individual encounter data, including race and ethnicity. If you have any questions, please contact the Patient Data Section of OSHPD at 916-324-6147. Additional information is available on the internet at www.oshpd.cs.gov/mircal.

Please mark one (1) box per section below

***Race**

- American Indian
- Asian
- Black/African American
- Other
- Hawaiian/Pacific Islander
- White

***Ethnicity**

- Hispanic/Latino
- Unknown
- Non Hispanic/Non Latino

***Primary Language Spoken**

- | | | |
|------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Hindu | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Hmong | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Italian | <input type="checkbox"/> Serbian |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Croatian | <input type="checkbox"/> Korean | <input type="checkbox"/> Thai |
| <input type="checkbox"/> French | <input type="checkbox"/> Laotian | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> German | <input type="checkbox"/> Miao | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Mon-Khmer | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Gujarathi | <input type="checkbox"/> Navajo | <input type="checkbox"/> Yiddish |
| <input type="checkbox"/> Hebrew | <input type="checkbox"/> Persian | <input type="checkbox"/> Unknown |