



Dr. S. Boyd, MD  
52 Medical Park Drive East  
Suite 201  
Birmingham, AL 35235-417

Patient Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Language spoken: (Circle One)**

English          Spanish          Other: \_\_\_\_\_

**Race: (Circle One)**

American Indian          Asian          Black/African American  
Filipino          Japanese          Korean          White

Other: \_\_\_\_\_

**Ethnicity: (circle one)**

Hispanic or Latino/Spanish          Mexican          Not Hispanic/Latino

Puerto Rican          South America          Other: \_\_\_\_\_

How may we contact you:

Phone: \_\_\_\_\_

May we leave a message : \_\_\_\_\_