### Form 1: Personal Information (Patient Information)

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### Form 2: Personal Information (Patient Information)

1. **Ethnicity**
   - [ ] Hispanic
   - [ ] Other

2. **Sex**
   - [ ] Male
   - [ ] Female

3. **Year of Birth**
   - [ ] 1996 (HIPPA)

4. **Race**
   - [ ] Hispanic

5. **Language Spoken at Home**
   - [ ] English
   - [ ] Spanish

6. **Ethnicity**
   - [ ] Hispanic

7. **Primary Language Spoken at Home**
   - [ ] English
   - [ ] Spanish

8. **Primary Language Spoken at Home**
   - [ ] English
   - [ ] Spanish

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**Patient Information**

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