



# Electronic Health Records Intake Form

*In compliance with requirements for the government EHR incentive program3*

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Preferred method of communication for patient reminders (Circle one):** Email/ Phone/ Mail

**DOB:** \_\_\_\_\_ **Gender (Circle one):** Male/ Female **Preferred Language:** \_\_\_\_\_

**Smoking status (Circle one):** Every Day Smoker/ Occasional Smoker/ Former Smoker/ Never smoked

CMS requires providers to report both race and ethnicity

**Race (Circle one):** American Indian or Alaska Native/ Asian/ Black or African American/ White (Caucasian)/ Native Hawaiian or Pacific Islander/ Other/ Decline to Answer

**Ethnicity (Circle one):** Hispanic or Latino/ Not Hispanic or Latino/ Decline to Answer

**Are you currently taking any medications?** (Please include regularly used over the counter medicine used over the counter)


Do you have and medication allergies?


I choose to decline receipt of my clinical summary after every visit (These summaries are often blank as a result of the nature of frequency of chiropractic care.)

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_