

Electronic Health Records Intake Form

In compliance with requirements for the government EHR incentive program

First Name _____ Last Name _____

Email Address _____ @ _____

Preferred method of communication for patient reminders (circle one) Email/ Text/ Card

DOB: ____/____/____ Gender (circle one) M/ F Preferred Language _____

Smoking Status (circle one): Every day smoker/ Occasional smoker/ Former smoker/ Never smoked

Smoking Start Date (optional): _____

CMS requires providers to report both race and ethnicity

Race (circle one): American Indian or Alaskan Native/ Asian/ Black or African American/ White (Caucasian)/ Native Hawaiian or Pacific Islander/ I Decline to Answer

Ethnicity (circle one): Hispanic or Latino/ Not Hispanic or Latino/ I Decline to Answer

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

Medication Name	Dosage and Frequency (ie: 5mg once a day, etc..)

Do you have any medication allergies?

Medication Name	Reaction	Onset Date	Additional Comments

- I choose to decline receipt of my clinical summary after every visit. (these summaries are often blank because of the nature and frequency of chiropractic care.)

Patient Signature: _____ Date: _____

<i>For Office Use Only</i> Height: _____	Weight: _____	Blood Pressure: _____ / _____
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