

Electronic Health Records Intake Form

In compliance with requirements for the government EHR program

Name(Print): _____

Email address: _____ @ _____

Cell phone #: _____ DOB: ____ / ____ / ____ Gender: Male / Female

CMS requires providers report both race and ethnicity

Preferred Language (Circle one): English / Spanish / Other

Race (Circle one): American Indian(Alaska Native) / Asian / Black or African American / Native Hawaiian (other pacific islander) / White(Caucasian) / Other / I Decline to Answer

Ethnicity (circle one): Hispanic / Non-Hispanic

Height: _____ Weight: _____

Last Blood Pressure reading: (i.e. 120/80) _____ / _____ Date of Reading: ____ / ____ / ____

Smoking Status(Circle One): Every Day / Occasional / Former / Never Smoked

Health Conditions other than your chiropractic condition: (i.e. Diabetes)

Health Condition Name	Health Condition Name

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

Medication Name	Medication Name

Do you have any medication or food allergies?

Medication Allergy Name	Food Allergy Name

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

Patient Signature: _____

Date: _____