

# Electronic Health Records Intake Form

In compliance with requirements from the government HER incentive program

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

Email Address: \_\_\_\_\_

Preferred method of communication for patient reminders (circle one): E-mail / Phone / Mail

DOB: \_\_\_/\_\_\_/\_\_\_ Gender: Male / Female Preferred Language: \_\_\_\_\_

**Smoking Status (circle one):**

Every Day Smoker / Occasional Smoker / Former Smoker/ Never Smoked

CMS (Medicare) 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 / I Decline To Answer

**Ethnicity (circle one):**

Hispanic or Latino / Not Hispanic or Latino / I Decline To Answer

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

Continue on back if needed

\_\_\_\_\_ Medication Name \_\_\_\_\_ Dosage and Frequency (i.e. 5 mg once a day, etc)

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Do you have any medication allergies?

\_\_\_\_\_ Medication Name \_\_\_\_\_ Reaction \_\_\_\_\_ Onset Date \_\_\_\_\_

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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: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_/\_\_\_

I see (circle one): Dr. Mattar / Dr. Gasiewicz