



# 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 / 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 / I Decline to Answer

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

**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 as a result of the nature and frequency of chiropractic care.)

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

For office use only

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