

The Federal Government has mandated new regulations of physician practices regarding electronic prescribing and electronic medical records. Part of these regulations requires that we collect the following demographic information on all patients at each visit. We are sorry of any inconvenience.

Please Print

Name _____ Date _____

Preferred Language English
Other (Please Specify _____)

Race American Indian or Alaska Native
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White
Prefer Not to Say

Ethnicity Hispanic or Latino
Non-Hispanic or Latino
Prefer Not to Say

Smoker Yes No ____ Quit (What Year)

If yes

- Cigarettes
- Chewing Tobacco
- Pipes
- Cigars

Recreational Drug use Current Never ____ Quit (what Year)

If yes

Marijuana, Heroin, Cocaine, Amphetamines, Ecstasy, Barbiturates, LSD, Opium, Other

- Type _____

Alcohol Use - Current Never Social Daily ____ Former (what year) If yes

- 1-2 Drinks per day
- 3 or more drinks per day