

Patient Intake Form Meaningful Use Measures

*Our practice is now using an electronic health record called DrFirst RcopiaMU. We are participating in the meaningful use incentive program sponsored by the federal government. We are collecting this data to be compliant with the program in an effort to increase patient safety, improve patient care and create a complete patient record. We appreciate your assistance with providing our practice this information about your health information. **

*Please fill out completely and return to the Receptionist

Required Information	Please fill in information in the area below
Full Name	
Date of Birth	
Gender	
Race	Please indicate your race (circle); Other American Indian Asian Black or African American Native Hawaiian or Other Pacific Islander White Unable to Determine or Not Stated
Ethnicity	Please indicate your ethnicity (circle); Other Hispanic/Latino
Preferred Language	Please select your preferred language (circle); English Chinese Spanish Japanese French Italian Portuguese Russian Declined Unavailable(unknown) Other(Please Specify)_____
Smoking Status	Please select your current smoking status (circle); Current every day smoker Current some day smoker Former smoker - Please list date range you smoked _____ to _____ Never smoked Smoker, current status unknown Unknown if ever smoked
Height	
Weight	
Do you have allergies?	If yes, what are you allergic to?
Are you taking any medications?	If yes, which medications?
Pharmacy you use	