Patient Registration Form

Last Name	First Name	Middle Initial	Suffix	Date of Birth

We are required to obtain the following information in order to be compliant with Federal Government Meaningful Use regulations.

Preferred Language

☐English ☐Spanish ☐Chinese ☐Other _____

Race	Ethnicity
☐Asian ☐American Indian or Alaska Native ☐Other Pacific Islander ☐White ☐More than one Race ☐Decline to answer	☐Hispanic or Latino ☐Not Hispanic or Latino ☐Decline to answer

Do you have any known allergies? ☐Yes ☐No

If yes, please list them: _____

_____

_____

_____

_____

Smoking Status

☐ Never smoked

☐ Former smoker

☐ Current some day smoker

☐ Current everyday smoke

☐ Decline to answer

Current Medications	Referring Physician	Pharmacy