

SNEED EYE ASSOCIATES

Patient Intake Form Meaningful Use Measures

*Our practice is now using an electronic health record. We are collecting this data to be compliant with the program, sponsored by the federal government, 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); <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>American Indian or Alaska Native</td> <td>Asian</td> </tr> <tr> <td>Black or African American</td> <td>Declined/Not Stated</td> </tr> <tr> <td>Native Hawaiian/Other Pacific Islander</td> <td>Other</td> </tr> <tr> <td>Unavailable</td> <td>White</td> </tr> </table>		American Indian or Alaska Native	Asian	Black or African American	Declined/Not Stated	Native Hawaiian/Other Pacific Islander	Other	Unavailable	White						
American Indian or Alaska Native	Asian															
Black or African American	Declined/Not Stated															
Native Hawaiian/Other Pacific Islander	Other															
Unavailable	White															
Ethnicity	Please indicate your ethnicity (circle); <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Arab/American</td> <td>Declined/Not Stated</td> </tr> <tr> <td>Hispanic/Latino</td> <td>Non-Hispanic/Latino</td> </tr> <tr> <td>Other</td> <td>Unavailable</td> </tr> </table>		Arab/American	Declined/Not Stated	Hispanic/Latino	Non-Hispanic/Latino	Other	Unavailable								
Arab/American	Declined/Not Stated															
Hispanic/Latino	Non-Hispanic/Latino															
Other	Unavailable															
Preferred Language	Please select your preferred language (circle); <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Arabic</td> <td>Asian/Pacific Island Language</td> </tr> <tr> <td>Chinese</td> <td>Declined</td> </tr> <tr> <td>English</td> <td>French</td> </tr> <tr> <td>Italian</td> <td>Japanese</td> </tr> <tr> <td>Other Indo-European Language</td> <td>Other(Please Specify)_____</td> </tr> <tr> <td>Portuguese</td> <td>Russian</td> </tr> <tr> <td>Spanish</td> <td>Unavailable(Unknown)</td> </tr> </table>		Arabic	Asian/Pacific Island Language	Chinese	Declined	English	French	Italian	Japanese	Other Indo-European Language	Other(Please Specify)_____	Portuguese	Russian	Spanish	Unavailable(Unknown)
Arabic	Asian/Pacific Island Language															
Chinese	Declined															
English	French															
Italian	Japanese															
Other Indo-European Language	Other(Please Specify)_____															
Portuguese	Russian															
Spanish	Unavailable(Unknown)															
Smoking Status	Please select your current smoking status (circle); <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Current every day smoker</td> <td>Current some day smoker</td> </tr> <tr> <td>Former smoker – Dates ____ to ____</td> <td>Never smoked</td> </tr> <tr> <td>Smoker, current status unknown</td> <td>Unknown if ever smoked</td> </tr> <tr> <td>Secondhand Smoke</td> <td></td> </tr> </table>		Current every day smoker	Current some day smoker	Former smoker – Dates ____ to ____	Never smoked	Smoker, current status unknown	Unknown if ever smoked	Secondhand Smoke							
Current every day smoker	Current some day smoker															
Former smoker – Dates ____ to ____	Never smoked															
Smoker, current status unknown	Unknown if ever smoked															
Secondhand Smoke																
Pharmacy you use																

X _____ Date: _____
 Patient or Guardian Signature