**Form 7 YCMC Patient Intake Form Meaningful Use Measures**

OUR PRACTICE IS NOW USING AN ELECTRONIC HEALTH RECORD CALLED AMAZING CHARTS. 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, IMPROVED PATIENT CARE AND

CREATED A COMPLETE PATIENT RECORD. WE APPRECIATE YOUR ASSISTANCE WITH PROVIDING OUR PRACTICE THIS INFORMATION. ABOUT YOUR HEALTH INFORMATION.\*

\*PLEASE FILL OUT COMPLETELY AND RETURN.

**Full Name:**

**Date:**

**Date of birth:**

**Race:**

 White  Black or African American  American Indian/Alaska Native

 Asian  Native Hawaiian or Other Pacific Islander

 Other



**If other, please list**

**Ethnicity:** (choose one)

|  |  |  |
| --- | --- | --- |
| Arab American | Hispanic/Latino | Non Hispanic/Latino |
| Other | Unavailable | Decline |

**Preferred Language** (choose one)

|  |  |  |
| --- | --- | --- |
| English | Spanish | French |
| Chinese | Japanese | Italian |
| Arabic | Asian | Pacific Island |
| Portuguese | Russian | German |
| Decline | Unavailable (unknown) | Other |

SMOKING STATUS

**Please select your current smoking status:**

 Current every day smoker  Current some day smoker  Former smoker

 Never Smoked  Smoker-current status unknown

**If former smoker, please list date range:**

**Alcohol Use**

 None  Occasional  Weekly

 Daily

**Height:**

**Weight:**

 Yes  No

**Do you have any allergies to medications?**

 Yes  No

**If yes, please list:**

**Are you taking any medications?**

 Yes  No

**If yes, please list:**

**Pharmacy:**