## MEANINGFUL USE PATIENT DEMOGRAPHIC INFORMATION

In preparation for the new regulations (beginning in 2011) governing the implementation and use of electronic medical records, we will begin keeping records of various criteria, both clinical and demographic. These regulations are designed to help medical practices use their electronic record appropriately (in other words, "**meaningful use**"). Please help us with this project by completing the information below.

Answering these questions is VOLUNTARY – if you do not wish to give us this information, please check the boxes marked "DECLINE". This information will be kept confidential and never shared with anyone unless you have given your written permission.

| PATIENT NAME:            | DATE OF BIRTH:    |  |                              |         |         |         |  |
|--------------------------|-------------------|--|------------------------------|---------|---------|---------|--|
| SEX (circle one):        | Male              | Fema                                   | ıle                          |         |         |         |  |
| RACE:                    | White             | Afric                                  | African American/Black Asian |         |         |         |  |
|                          | American In       | dian                                   | Alaskan Native               |         |         |         |  |
|                          | Native Hawa       | Native Hawaiian/Other Pacific Islander |                              |         |         |         |  |
|                          | Other:            | please specify                         |                              |         |         |         |  |
|                          |                   | DEC                                    | LINE 🗖                       |         |         |         |  |
| ETHNICITY (circle as man | ny as applicable) | :                                      |                              |         |         |         |  |
|                          | Caribbean Is      | lands                                  | Chinese                      | English | Fren    | ch      |  |
|                          | German            | Irish                                  | Italian                      | J       | apanese | Polish  |  |
|                          | Spanish/Hisj      | Spanish/Hispanic                       |                              |         |         |         |  |
|                          | Other:            | Other: please specify                  |                              |         |         |         |  |
|                          |                   |  | LINE 🗖                       |         |         |         |  |
| PRIMARY LANGUAGE S       | SPOKEN:           | ENG                                    | LISH                         |         |         |         |  |
|                          |                   | OTH                                    | ER                           |         | 1       | <u></u> |  |
|                          |                   |  | OTHER please specify         |         |         |         |  |
|                          |                   | DEC                                    | LINE 🗖                       |         |         |         |  |
|                          |                   |  |                              |         |         |         |  |

**FORM UPDATED 08/24/2012**