

Do you smoke? never Current every day ____ (Packs per day) Current-does not smoke every day
 former ____ year quit
 Do you drink alcohol? yes no If so, How much? 1-2/week 1-2/day 2 or more/day

FAMILY MEDICAL HISTORY

Living/Deceased	Age	Conditions or Diseases	If Deceased, Cause of Death/Age
Mother Name: _____			
Father Name: _____			
Family History Blindness	Relation to you _____	Family History Bleeding or Bruising	Relation to You _____

Our Office has implemented Electronic Health Records. Because of this, you are required to complete the information below. The Government has mandated we request the following information on each of our patients.

Meaningful Use is the name of a new nationwide initiative to improve the health of our nation. As part of this initiative, Dr. Lawrence Handler is required to gather information for compliance with the Meaningful Use guidelines. Part of this information includes adding patients' Race, Ethnicity and Preferred Language to our electronic health record. The government requires this information to better identify possible disparities in access and quality of healthcare based on race and ethnicity on a national level.

Please check one box in each Category.

Race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other
- White Declined
- Other

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- Declined

Preferred Language Spoken at Home

- English
- Spanish
- Other _____

To the best of my knowledge, the questions on this form have been answered accurately. I understand that providing incorrect information can be dangerous to my health. I also understand it is my responsibility to inform the doctor of any changes in my medical status. I also authorize the health care staff to perform the necessary services I may need.

PRINT NAME: _____

OCCUPATION: _____

SIGNATURE **DATE**