

# EHR History & Examination

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

## 1. Demographics

- A. Ethnicity**      Non-Hispanic      Hispanic
- B. Preferred Language**      English      Spanish      Other \_\_\_\_\_
- C. Race**      White/Caucasian      African American      Native American
- Hawaiian/Pacific Islander      Other \_\_\_\_\_

## 2. Would you like an e-mail reminder of upcoming appointments?

Yes      No      e-mail \_\_\_\_\_

\_\_\_\_\_(please initial) I hereby give my consent to have my health records available to me via a secure, web-based portal.

## 3. Are you taking any medications?      Yes      No

If yes, please list medications (be specific) you are currently taking along with dosage.

*\*if you have med list, we can copy it for you instead*

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## 4. Are you allergic to any Medications?      Yes      No

If yes, please list medications you are allergic to and the problem experienced, along with the level of severity (mild, moderate, severe):

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## 5. Do you smoke now?      Yes      No

**Have you ever been a smoker?**      Yes      No

**Do you use any other form or tobacco?**      Yes      No

If a current tobacco user, please complete the following:

**What type?** \_\_\_\_\_

**How much?** \_\_\_\_\_

**Have you tried to quit?**      Yes      No

**What methods did you use?** \_\_\_\_\_

**Vital signs**      Height \_\_\_\_\_      Weight \_\_\_\_\_      BP \_\_\_\_\_/\_\_\_\_\_      Pulse \_\_\_\_\_