

Meaningful Use Patient Form

Name \_\_\_\_\_

Date \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_

Patient Portal Activated: Yes / No

**Please Circle One:**

**Preferred Language:** \_\_\_\_\_

**Ethnicity:**

- Hispanic or Latino
- Not Hispanic or Latino
- Unknown

**Race:**

- American Indian or Alaska Native
- Asian Indian
- Asian Other
- Black or African American
- Chinese
- Filipino
- Guamanian or Chamorro
- Hawaiian Native
- Japanese
- Korean
- Multiple
- Other
- Pacific Islander – Other
- Samoan
- Unknown
- Vietnamese
- White

**Smoking Status:**

- Current every day Smoker
- Current some day Smoker
- Former Smoker
- Never Smoker
- Smoker, current status unknown
- Unknown if ever smoker

**Preferred Pharmacy: (fill in below)**

Pharmacy Name	Address	City	Zip	Phone

**Active Allergy List:**                      **Has Allergies** / **No Known Drug Allergies** / **Unknown**

Type	Description	Adverse	Date of onset	Active (yes/no)	Severity	In Rx

**Active Medication List:**                      **No Know Medications**                      **Completed Med Reconcile Yes / No**

Prescriber	Dx	Drug	SIG	QTY	UoM	Refills	Issue to:	Issue via	CPOE

**Problem List:** Dx \_\_\_\_\_ Dx \_\_\_\_\_

**Procedure Code:** CPT \_\_\_\_\_ CPT \_\_\_\_\_