**We are implementing an electronic health records program which will require you to have a Username & Password. Username:**

 **Password:**

**Please list any current medications:**

**Race: American Indian or Alaska Native Asian Black or African American**

**Hawaiian or Other Pacific Islander White Decline to Provide Information**

**Ethnicity: Hispanic or Latino Not Hispanic or Latino Decline to Provide Information**

**Tobacco (circle): Everyday Occasionally Used to Smoke Never Other**

**Allergies: (circle)**

**Animals Aspirin/Pain Medicine Bee Stings Chocolates/Sweets**

**Dairy Products Dust Eggs Latex**

**Penicillin Ragweed/Pollen Rubber Seasonal Allergies**

**Shellfish Soaps Wheat X-ray Dye**

**Molds Other:**

**Surgeries:(circle)**

**Appendix Back Brain/Tumor Carpal Tunnel**

**Chest Disc EENT Knee**

**Foot Gallbladder Gastrointestinal Gynecological**

**Heart Heart Bypass Hernia Hip**

**Neck Neurological Obstetrical Podiatric**

**Shoulder Arm/Hand Other None**

**Medical History: *P=Personal M=Mother F=Father***

**Ankle Pain Arm Pain Arthritis Asthma**

**Back Pain Broken Bones Cancer Chest Pain**

**Depression/Other Diabetes Dizziness Elbow Pain**

**Epilepsy Eye/Vision Problems Fainting Fatigue**

**Foot Pain Hand Pain Headaches Genetic Spinal Disorder**

**Hepatitis High Blood Pressure Hearing Problems Neurological Disorder**

**Jaw Pain Joint Stiffness Knee Pain Leg Pain**

**Low Back Pain Mid Back Pain Menstrual Problems Minor Heart Trouble**

**Pacemaker Multiple Sclerosis Neck Pain Wrist Pain**

**Parkinson's Disease Prostate Problems Polio Shoulder Pain**

**Tumor Spinal Cord Injury Sprain/Strain Ulcer(s)**

**Stomach Problems Stroke/Heart Attack Hip Pain Significant weight change**

**After reading and filling out the Health Questionnaire, your signature will verify that all the information you have given is accurate and that you have read the case history questions entirely. Please note: You have the right to request your Personal Health Information or a copy of our Privacy Practices from us at any time.**

**Signature Date:**