NAME _____ Date:_____

Meaningful Use Data & Communication Form

Smoking History: Check one

___ Smoker- __packs/day or ___# of cigarettes/day

___ Ex-Smoker- quit: ___ years ago or ___months ago

___Never a smoker

Race: Check one

___American Indian or Alaska Native ___African American or Black

___Asian ___ Caucasian (white) ___ Decline to Specify

Ethnicity: Check one

___ Hispanic or Latino

___ Non-Hispanic

Preferred Language: ___English ___Spanish ___Other-_____

Preferred communication: ___Cell phone ___Home ___Work : #(_____)_____-_____

May we leave a detailed message on appointment times & health care results at the above #?

____Yes ____No

Do you authorize and give permission to Aughenbaugh Family Chiropractic and its staff to release, disclose and discuss your personal health records & treatment information verbally and in writing with another person or entity?

___No ___Yes If yes, list all the names that we may release your personal health information to (i.e.. Spouse, family, friend, etc…)_____

_____

_____

Patient's Signature:_____