



PID: _____

Date of Exam: _____

PATIENT HEALTH DATA SHEET

Due to recent changes in healthcare laws, the United States government now requires that we obtain the following information regardless of the type of exam you are having. We understand some of these questions may be sensitive and appreciate your cooperation. Additional information can be found at www.healthIT.gov

General Demographics (Required)

Patient Name _____

Gender Male Female Age _____

Height _____ Weight _____

Smoker? Daily Occasionally Former Never

Extended Demographics

Race American Indian Other
 Asian White
 Black or African American
 Native Hawaiian or other Pacific Islander

Preferred Language English

Spanish

Ethnicity Hispanic or Latino Other

Non Hispanic or Latino

I decline from providing my extended demographic information in this section above.

Health Screening For Office Use Only

Blood Pressure _____ PSR Initials _____

Tech Initials _____

Notes _____

