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Electronic Health Records Intake Form

In compliance with requirements for the government EHR Incentive program

First Name: _____ Last Name: _____

E-mail Address: _____@_____

Preferred method of communication for patient reminders (circle one): E-mail/Phone/Mail

D.O.B.: ___/___/___ Gender: (circle one): Male/Female Preferred Language: _____

Smoking Status (circle one): Every day Smoker/Occasional Smoker/Former Smoker/Never Smoked

CMS requires providers to report both race and ethnicity

Race: (circle one): American Indian or Alaska Native/Asian/Black or African American/White (Caucasian)
Native Hawaiian or Pacific Islander/Other/I decline to answer

Ethnicity (circle one): Hispanic or Latino/Not Hispanic or Latino/I decline to answer

Are you currently taking any medications: (Please include regularly used over the counter medications)

MEDICATION NAME	DOSAGE AND FREQUENCY

Do you have any medication allergies?

Medication Name	Reaction	Onset Date	Additional Comments

____ I choose to decline receipt of my clinical summary after every visit (These summaries are often blank as a result of the nature and frequency of chiropractic care)

Patient Signature: _____ Date: _____

For office use only

Height: _____ Weight: _____ Blood Pressure: _____/_____ Pulse: _____ Temp: _____