

Maurer Chiropractic
309 1st Avenue, Laurel, MT 59044
(406) 628-9322

Electronic Health Records Intake Form

In compliance with requirements for the government EHR Incentive Program

First Name: _____ **Last Name:** _____

Email Address: _____

Preferred method of communication for patient reminders (circle one): Email / Phone / Mail / Text

Date of Birth: _____ **Gender (circle one):** Male / Female

Preferred Language: _____

Smoking Status (circle one): Every day smoker / Occasional smoker / Former smoker / Never smoked

Smoking Start Date (optional): _____

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 / 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 any regularly used over the counter medications)

Medication Name	Dosage and Frequency (i.e. 5 mg once a day, etc.)

Do you have any medication allergies?

Medication Name	Reaction	Onset Date	Additional comments

I choose to decline receipt of my clinical summary after each visit (circle one): Yes / No
(These summaries are often blank because of the nature and frequency of chiropractic care)

Patient Signature: _____ **Date:** _____

For office use only:

Height: _____ WEIGHT: _____ BLOOD PRESSURE: _____ PULSE: _____