Crafted Care Chiropractic
A walk-in practice that is here for you!

Electronic Health Records Intake Form

In compliance with Medicare requirements for the government EHR incentive program

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

Email Address: _____@_____

DOB: _____/_____/_____ **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 (i.e. 5mg once a day, etc.)

Do you have any medication allergies?

Medication Name	Reaction	Onset Date	Additional Comments

Patient's Signature: _____ **Date:** _____

Height: _____ Weight: _____ Blood Pressure: _____/_____