

# EHR Certification – Patient Information

**Dear Patient:** The US government is now requiring that we supply them with the following information:

## **PATIENT DEMOGRAPHICS:**

**Staff:** (To be entered in EZnotes through "Edit Patient Info")

**Name:** (Print clearly) \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Marital Status** \_\_\_\_\_ **Spouses name** \_\_\_\_\_

**Ethnicity:** (Please circle)

**Race:** (Please circle)

Hispanic or Latino	Not Hispanic or Latino
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White	American Indian/ Alaskan Native	Asian
Black/African American	Native Hawaiian/ Pacific Islander	Two or more

**Emergency Contact Name and Phone number** \_\_\_\_\_

**Preferred Language:** (Please circle)

English	Spanish	French	German	Italian
Mandarin	Cantonese	Tagalog	Japanese	Other _____

**Home phone number** \_\_\_\_\_

**Cell phone number** \_\_\_\_\_

**Work phone number** \_\_\_\_\_

**What is your preferred method of contact?**

**Phone Number:** \_\_\_\_\_

Home	Work	Cell
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**Phone Call:** ☐ **Text Message:** ☐

**E-Mail:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Secret Question** \_\_\_\_\_

**Secret Answer** \_\_\_\_\_

## OFFICE USE ONLY

**Vitals:** *In EZnotes, complete by*

- 1) Going to "Exam" screen
- 2) "Select by region"
- 3) Then select "Vitals"

Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Smoking Status: ☐ Smokes every day ☐ Smokes some days ☐ Former Smoker ☐ Never Smoked

## PRESCRIBED MEDICINES

Check here if not taking any medications: ☐

Medication: i.e. Lipitor	# of MD refills issued:	Quantity of Pills:	Strength: i.e. 10 mg	Dose Form: i.e. Capsule	MD's instruction: i.e. 1 per day

Are you allergic to any medicines? Please list each drug on a new line:

Check here if you do not have any medical allergies: ☐

Name of Drug: i.e. penicillin	Symptom: i.e. headache

Have you been diagnosed with either of the following: (Please circle:)

<input type="checkbox"/> Asthma?	<input type="checkbox"/> Diabetes?
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I would like to electronically have access to my health information: (Please initial box)

Yes \_\_\_\_\_ NO \_\_\_\_\_

☐

## OFFICE USE ONLY

**Timely access:** *In EZnotes, complete by*

- 1) Going to "Edit Patient" section for this patient
- 3) Select "Asked Timely Access"

☐

Completed?

**Medications:** *In EZnotes, complete by*

- 1) Going to "Edit Patient"
- 2) "Edit /View Patient's Data"
- 3) "Prescriptions/Allergies"

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Entered into EZnotes by (name): \_\_\_\_\_ Date & Time: \_\_\_\_\_

Completed?