



Petersen Chiropractic Center
3812 4th Ave
Kearney, NE 68845

Electronic Health Records Intake Form

In compliance with requirements for the government EHR incentive program

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

Email address: _____ @ _____

Birthdate: __/__/____ **Gender (Circle one):** Male / Female **Preferred Language:** _____

Smoking Status (Circle one): Every Day Smoker / Occasional Smoker / Former Smoker / Never Smoked

Family Medical History (Record one health problem in your family history and the affected relative)

Sample: Mother – Heart Disease

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

CMS requires providers to report both race and ethnicity

Ethnicity (Circle one): Hispanic or Latino / Not Hispanic or Latino / I Decline to Answer

List all medications you are currently taking (Please include regularly used over the counter medications)

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

List any allergies to any medications you may have

Medication Name	Reaction	Onset Date	Additional Comments

Clinical Summary – An after visit summary providing patient with information containing patient name, provider’s office contact information, date and location of visit, and updated medical information.

I choose to decline receipt of my clinical summary after every visit.

Patient Signature: _____ **Date:** _____

For office use only (Patients please DO NOT complete these measures)

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