Craft Chiropractic Creating Wellness Centers
223 Lansing St.
Charlotte, MI 48813

Electronic Health Records Intake Form

This form complies with CMS EHR incentive program requirements

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

<u>EMAIL ADDRESS-for patient PORTAL (please sign up)</u>

_____@_____

Preferred method of communication for patient reminders (Circle one): **Email** / Phone / Mail

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

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

Family Medical History *(Record ONE diagnosis in your family history and the affected*				
Diagnosis (Write in below)	Father	Mother	Sibling: (_____)	Offspring: (_____)
Example: High blood pressure		*X*		
Low back pain				

Race: American Indian/ Asian / Black / White/ Native Hawaiian / I Decline to Answer

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

Are you currently taking any medications? *(Include regularly used over-the-counter medications)*	
Medication Name	Dosage (i.e. 5mg)

Do you have any medication allergies?			
Medication Name			

☐ **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: _____

Height:_____Weight:_____Blood Pressure:_____/_____