

PATIENT \_\_\_\_\_

DOB \_\_\_\_\_

MRN \_\_\_\_\_

In accordance with new federal meaningful use regulations, healthcare providers are asked to record specific information related to patients. Below are four categories that require your response. Please make your selection in each section.

**Race**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian
- White
- Refused to Report/Unreported
- Other Pacific Islander
- More than one race

**Ethnicity**

- Hispanic or Latino
- Not Hispanic or Latino
- Refused to Report

**Primary Language: (circle one)**

American Sign Language

Arabic	English	Hmong	Mien	Somali	Urdu
Armenian	Farsi	Hungarian	Navajo	Spanish	Vietnamese
Brazilian Portuguese	Filipino	Indian	Norwegian	Swahili	Visayan
Chinese	Finnish	Indoneasian	Oromo	Swedish	Yiddish
Chinese (Cantonese)	French Canadian	Italian	Other	Tagalog	
Chinese (Mandarin)	French Creole	Japanese	Persian	Thai	
Croatian	German	Khmer	Polish	Tiginya	
Czech	Greek	Korean	Portugese	Turkish	
Danish	Hebrew	Lao	Russian	Ukranian	
Dutch	Hindi	Maori	Slovak	Undefined	

**Smoking History:**

Smoker Yes /No (If yes, proceed to next section)

Smokes cigarettes

Current every day smoker

Current some day smoker

Former smoker

Never Smoked

Unknown even if smoked

Has been smoking for: \_\_\_\_\_ years

Smokes \_\_\_\_\_ packs per day

Smokes cigars

Uses chewing tobacco