ASSOCIATION OF ALEXANDRIA RADIOLOGISTS, PC

PATIENT MEANINGFUL USE DATA SHEET

alexandriaradiology.com

Patient Name: _____
LAST FIRST MIDDLE

Date of Birth: _____ ○ Male ○ Female

Phone Numbers (Home) _____ (Cell) _____

E-Mail: _____
By providing the email address, the patient agrees to receive communication via email.

ETHNICITY

- ○ Hispanic or Latino
- ○ Not Hispanic or Latino
- ○ Decline to State

SMOKING STATUS

- ○ Current every day smoker
- ○ Current come day smoker
- ○ Former smoker
- ○ Never smoker

RACE

- ○ American Indian or Alaska Native
- ○ Asian
- ○ Black or African American
- ○ Native Hawaiian or Other Pacific Islander
- ○ White
- ○ Other Race
- ○ Decline to State

PREFERRED LANGUAGE

- ○ English
- ○ French
- ○ Italian
- ○ Japanese
- ○ Portuguese
- ○ Russian
- ○ Spanish
- ○ Unknown/Other

PROBLEM LIST – ☐ None

_____ Date Started _____

_____ Date Started _____

_____ Date Started _____

_____ Date Started _____

MEDICATION – ☐ None

_____ Dose _____

_____ Dose _____

_____ Dose _____

_____ Dose _____

MEDICATION ALLERGY LIST – ☐ None

_____ Reaction _____

_____ Reaction _____

_____ Reaction _____

_____ Reaction _____

SUBMIT