InLine Chiropractic, PLLC
45600 Cherry Hill Rd
Canton, MI 48188

Electronic Health Records Intake Form

In compliance with Medicare requirements for the government EHR incentive program

First Name:__________________________ **Last Name**:__________________________

Email address: _________________@_________________ **Cell Phone Carrier :** _______________________

Preferred method of communication for patient reminders (Circle one): Email / Text

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

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

CMS requires providers to report both race and ethnicity

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

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

Are you currently taking any medications? (Please include regularly used over the counter medications)

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

*** If more than 3 medications, please continue list on back page**

Do you have any medication allergies?

Medication Name	Reaction	Onset Date	Additional Comments

☐ **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:________________

For office use only

Height: _________ Weight:____________ Blood Pressure:______ /______