

Sea Coast Chiropractic And Wellness

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Electronic Health Records Intake Form

In compliance with requirements for the government EHR incentive program.

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

Email address: _____@_____

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

DOB: ___/___/___ **Gender (Circle one):** M / F **Preferred Language:** _____

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

Smoking Start Date: _____

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.)

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: _____ / _____

