

For Office Use Only

Date: _____ Chart # _____

Name: _____ Date of Birth: _____

Jordan Family Eyecare

Attention all Patients: As of September, 2012, we have been required to transfer out patient information to electronic health records and ***federal guidelines*** request that you provide the following information to the best of your ability. Thank you for your patience and understanding in this matter.

- ***Email address*** Used to send you a summary of your visit
- ***Demographics*** Race/Ethnicity, and Primary Language
- ***Height, weight & blood pressure*** (We will take your BP)
- ***Smoking status***

Email Address: _____

Race / Ethnicity Please check all that apply:

- Hispanic/Latino Native American/Alaska Native Asian
 African American Pacific Islander Caucasian
 Other _____ Unknown Decline

Primary Language:

- English Spanish French Other _____

Smoking Status:

- Current smoker Past smoker Never smoked