

Page Eye Center

The Patient Protection and Affordable Care Act of 2010 requires certain patient information to be collected by all physicians as part of any examination. Demographic information will not be transmitted to the Department of Health and Human Services until 2014 and will be used for national demographic studies only. Health information is required for our office to stay in compliance with federal regulations.

Race (Check One) American Indian Alaskan Native Asian Caucasian
 Black or African American Middle Eastern Native Hawaiian/or Pacific Islander
 Other _____

Ethnicity African American Asian Caucasian Hispanic or Latino
 Native American Native Hawaiian/or Pacific Islander NOT Hispanic Latino

Preferred Language: _____

Communication Preference: Email Postal Mail Telephone Text Message

Email Address: _____

Smoking History Never Smoked Former Smoker Years Since Cessation
 Current everyday smoker Packs Per Day ____ Smokeless Tobacco User
 Current someday smoker Packs Per Day ____

Height _____ **Weight** _____ **Blood Pressure** _____

Pharmacy Preference: _____

The above information is truthful to the best of my knowledge. I understand that pharmaceutical information will be ex-changed electronically between my doctor and my pharmacies.

Print Name Signature Date

I have received the NEW Notice of Privacy Practices. I understand I may request a copy of these Privacy Practices in writing or electronically.

Print Name Signature Date

Wellness Screening: YES, \$25.00 Fee Today NO, I decline this test