

Please answer all questions

Today's Date _____

Name _____ **DOB** _____

Medications/OTC (Include the condition they treat):

Decline to provide _____

Drug Allergies:

Smoking: Current everyday _____, Current occasional _____,
Former smoker _____, never smoked _____.

Alcohol use _____

Allergies _____

Race: American Indian or Alaska Native
 Asian Black or African American
 Native Hawaiian or other Pacific group
 White
 Decline to provide

Ethnicity Hispanic or Latino
 Other _____
 Decline to provide

Preferred Language _____