

UNIVERSITY PARK CHIROPRACTIC
Dr. Kevin D. Hancock, DC
6910 N. Main Street, Unit 5, Granger, Indiana 46530

Electronic Health Records Intake Form

In compliance with requirements for the government EHR incentive program

First Name: _____ Last Name: _____

Email Address: _____@_____

Date of Birth: _____ Gender: _____ Preferred Language: _____

Smoking Status: Every Day Occasional Former Never

Preferred method of communication: Patient Portal Phone Email

CMS requires providers to report both race and ethnicity

Race: American Indian or Alaska Native Asian African American Caucasian Native
Hawaiian or Pacific Islander Other I Decline to Answer

Ethnicity: Hispanic or Latino Not Hispanic or Latino I Decline to Answer

Are you currently taking any medications?

Medication Name	Dosage and Frequency

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: _____ / _____ Pulse: _____