Patient Name: _____ **Date**: _____

Preferred Language: English Other: _____

Race: American Indian or Alaska Native Native Hawaiian or Pacific Islander

Asian White

Black or African American Other Race

Hispanic or Latino Multi-Racial

Ethnicity: Hispanic Not Hispanic

Current Medications: If you do not currently take any medication, please write NONE in the first box below.

Name	Strength	Frequency

Allergies?: **YES or NO**

Medicine	Food	Environmental

Smoking Status (age 13 and over): Never smoked Former Smoker

Current every day smoker Current some day smoker

Clinic Use: Height: _____ inches Weight: _____ lbs

Blood Pressure: ___/_____ Pulse: _____bpm

Temperature: _____ Respiration: _____bpm