

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