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## Electronic Health Records Intake Form

*This form complies with CMS EHR incentive program requirements*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Preferred method of communication for patient reminders (Circle one): Email / Phone / Mail

DOB: \_\_\_\_\_ Gender (Circle one): Male / Female Preferred Language: \_\_\_\_\_

Smoking Status (Circle one): Every Day Smoker / Occasional Smoker / Former Smoker / Never Smoked

Smoking Start Date (Optional): \_\_\_\_\_

Family Medical History (Record one diagnosis in your family history and the affected)				
Diagnosis (Write in below)	Father	Mother	Sibling: ( _____ )	Offspring: ( _____ )
Example: Heart Disease		X		

Race (Circle one): American Indian of Alaska Native / Asian / Black or African American / White (Caucasian)  
Native Hawaiian or Pacific Islander / I Decline to Answer

Ethnicity (Circle one): Hispanic or Latino / Not Hispanic or Latino / I Decline to Answer

Are you currently taking any medications? (Included regularly used over the counter medications)	
Medication Name	Dosage and Frequency (i.e. 5mg once a day, etc.)

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's Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

<b>For office use only</b>			
Height: _____	Weight: _____	Blood Pressure: _____ / _____	Heart Rate: _____