

## Update Patient Information

We are in the process of updating our records to comply with federal standards, please answer the following questions:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Preferred Language? (Circle your preference)

English

Spanish

Other \_\_\_\_\_

### Race?

- ☐ I do not wish to provide this information.
- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Other \_\_\_\_\_

### Ethnicity?

- ☐ I do not wish to provide this information.
- ☐ Hispanic or Latino
- ☐ Non-Hispanic or Non-Latino
- ☐ Other \_\_\_\_\_

### Smoking Status?

- ☐ Current every day smoker
- ☐ Current some day smoker
- ☐ Former smoker
- ☐ Never smoker

### Do you have any medication allergies?

- ☐ No known medication allergies
- ☐ Yes. What? \_\_\_\_\_

### Do you have history or diagnosis of Hypertension or High Blood Pressure?

- ☐ No known known history or diagnosis
- ☐ Yes. What is the name of your physician who currently monitors your blood pressure?  
\_\_\_\_\_

### Are you currently taking any medications?

- ☐ Not currently prescribed any medications
- ☐ Yes...

_____	_____ mg	_____	_____ mg
_____	_____ mg	_____	_____ mg
_____	_____ mg	_____	_____ mg