

Centers for Medicare & Medicaid Services Patient Data Collection

<b>Patient Name:</b>		<i>First:</i>	<i>Middle:</i>	<b>Phone: Home:</b>	
		<i>Last:</i>		<i>Mobile:</i>	
<b>ID # (optional):</b>			<b>Email:</b>		
<b>Visit Date:</b>			<i>Note: By providing the email address, the patient agrees to receive communication via email from either the Health Companion or other personal health record.</i>		
<b>Birthdate:</b>					
<b>Ethnicity:</b>		<b>Race:</b>		<b>Preferred Language:</b>	
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Decline to State		<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Race <input type="checkbox"/> Decline to State		<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Italian <input type="checkbox"/> Japanese <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Unknown/Other	
<b>Smoking Status</b>		<b>Problem List</b>		<b>Date Started</b>	
<input type="checkbox"/> Current every day smoker <input type="checkbox"/> Current some day smoker <input type="checkbox"/> Former smoker <input type="checkbox"/> Never smoker		<input type="checkbox"/> None       			
<b>Medication</b>			<b>Dose</b>		
<input type="checkbox"/> None <input type="checkbox"/> No changes from last visit within 6 months					
<b>Medication Allergy List</b>			<b>Reaction</b>		
<input type="checkbox"/> None <input type="checkbox"/> No changes from last visit within 6 months					

I have received information on how to access my Health Companion account online.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Facility Staff Use only*

<input type="checkbox"/> Meds reconciled	Data collected by:	Date:
Eligible Physician:		
<input type="checkbox"/> Patient requested online access to Health Record		
Modality:	Exam Type:	<input type="checkbox"/> With contrast