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Meaningful Use Patient Registration Form:

In compliance with the HITECH Act (EHR) to attain Meaningful Use, we are required to capture demographic data including your preferred language, race and ethnicity. This is an important part of your medical history and will assist us during our clinical quality improvement process. Please complete the information below:

Patient's name:		Date of Birth:	
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Race:	Primary language:
<input type="checkbox"/> African-American	<input type="checkbox"/> Arabic
<input type="checkbox"/> Arabic	<input type="checkbox"/> Chinese
<input type="checkbox"/> Asian	<input type="checkbox"/> English
<input type="checkbox"/> Caucasian	<input type="checkbox"/> French
<input type="checkbox"/> Filipino	<input type="checkbox"/> Korean
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Spanish
<input type="checkbox"/> Other:	<input type="checkbox"/> Vietnamese
	<input type="checkbox"/> Other:
Ethnicity:	
<input type="checkbox"/> Hispanic	
<input type="checkbox"/> Non-Hispanic	

Please provide information about previous tests, immunization (including date or year of the last)

Flu shot		Pneumococcal Vaccine:	
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Patient's Signature

Date:

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