

AFFILIATED EYE SURGEONS, LTD
Established Patient Electronic Health Record Questionnaire

As required by the Federal Government, we are converting your medical chart to electronic medical records. In compliance with the HITECH Act (EHR), we are required to capture the following demographic data. This is an important part of your medical history and will assist us during our clinical quality improvement process.

Patient Name: _____ **Date:** _____

PRIMARY LANGUAGE

- | | |
|----------------------------------|---|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> French |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> English | <input type="checkbox"/> Other _____ (Please Specify) |

RACE

- African-American/Black
- Arabic
- Asian
- Caucasian
- Hispanic
- Other _____ (Please Specify)

ETHNICITY

- Hispanic
- Non-Hispanic

TOBACCO USE

- Never Smoked
- Former Smoker *When did you quit?* _____
- Current Smoker
 - 1-3 cig per day _____
 - 1 pack per day _____
 - 1-2 packs per day _____
 - Smokeless tobacco _____

Do you feel safe at home? YES _____ NO _____

Did you ever receive an PNEUMONIA VACCINE from your primary physician? YES _____ NO _____

Did you receive a flu shot this year from your primary physician? YES _____ NO _____

Do you have an **ADVANCE CARE PLAN?** (a legal document that provides the information others need to know in the event you are ever unable to communicate effectively or make medical decisions due to stroke, dementia, accident or illness)

YES _____ NO _____

If yes and you wish to list your alternative decision maker , please print the name here:

_____ (alternative medical decision maker)