

Fairbanks
CancerCare
Physicians P.C.

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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 Name: _____ **Gender** M F **DOB** _____ **Age** _____ **Date** _____

Email: _____

Race:

- African-American
- Arabic
- Asian
- Caucasian
- Filipino
- Hispanic
- Other _____

Ethnicity

- Hispanic
- Non-Hispanic

Primary Language:

- Arabic
- Chinese
- English
- French
- Korean
- Spanish
- Other _____

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

Flu Shot _____ Pneumococcal Vaccine _____

Tobacco Use:

Never: _____
Current Every Day Smoker: _____
Current Smoker - Does Not Smoke Every Day: _____
Former Smoker: _____

Patient Signature

Date: