

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

## PATIENT SUPPLEMENTAL DATA – UPDATES

(Please Print)

1. Patient Name: \_\_\_\_\_  
Last First Middle Initial

2. Ethnicity:  Hispanic  Non Hispanic  
Race:  White/Caucasian  Asian  
 Black/African American  Native Hawaiian/Pacific Islander  
 American Indian/Alaska Native  Other: \_\_\_\_\_

3. Preferred Language:  English  Spanish  Hmong  Lao  Other: \_\_\_\_\_

4. Preferred Method of Communication:  
 Home Phone  Cell Phone  Work Phone  E-Mail  US Mail

5. Smoking Status: (*Individuals age 13 years and older*)  
 Current Smoker - Daily  Former Smoker  
 Current Smoker – Occasionally  Non –Smoker (Never smoked)

6. Medication Allergies:  None Known  See List Below

\_\_\_\_\_  
\_\_\_\_\_

7. Current Prescription Medications:  None  See List Below  See Attached List

Name of Prescription	Dosage (i.e. 10mg)	Form (Tablets, Capsules, etc.)	Frequency (#of times/day, week, as needed)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Clinic Use ONLY: Vitals (2 years +)

Height: \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs Pulse: \_\_\_\_\_

Blood Pressure: (Left Arm/Right Arm) \_\_\_\_\_/\_\_\_\_\_ (Sitting/Standing/Supine)

Staff Initials \_\_\_\_\_