

Name: _____ **Date:** _____

Email: _____

How were you referred to us? _____

If referred by a patient / doctor / attorney / or other entity:

Name? _____

Your Demographic Info:

Race:

Not Hispanic or Latino Hispanic or Latino

Ethnicity:

White Black or African American Other

American Indian or Alaska Native Asian More than One Race

Native Hawaiian or Other Pacific Islander Unknown or Decline to State

Preferred Language:

English Spanish French German Italian Russian

Portuguese Chinese Japanese Korean Vietnamese

Smoking Status:

Current Daily Smoker Current Occasional Smoker Former Smoker

Never a Smoker Smoker, Current Status Unknown

Unknown if Ever Smoked

Confidential Contact Preference:

Cell Phone Home Phone Work Phone E-Mail Postal Mail

Do you prefer a phone call, text message, or email for appointment confirmations?

Call number: _____ Text number: _____ Email

Height: _____ **Weight:** _____

Scan Results (to be completed by clinic staff): BP ____/____ P ____