UNIVERSITY MRI & Diagnostic Imaging Centers

Office use only

_____ entered

Patient Data Collection Form for Meaningful Use

Name: _____ **DOB:** _____ **Date:** _____

Smoking Status ☐ Current every day smoker ☐ Current some day smoker ☐ Former smoker ☐ Never smoker	**Ethnicity:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Decline to State
Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other Race ☐ Decline to State	**Preferred Language:** ☐ English ☐ French ☐ Italian ☐ Japanese ☐ Portuguese ☐ Russian ☐ Spanish ☐ Unknown/Other
Medication Allergy List (include reaction if known) ☐ None _____ _____	
Medication (include dose if known) ☐ None _____ _____	

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Web Form