Dr. Thomas Winslow
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Winslow Chiropractic
1390 N Green Bay Road
Waukegan, IL 60085

Electronic Health Records Intake Form

This form complies with CMS EHR incentive program requirements

First Name:_____ **Last Name**:_____

Email address: _____

Your email address will allow our new system to communicate with you and provide you with access to your health history

Preferred method of communication for patient reminders (☑ check one): ❑ Email ❑ Phone ❑ Mail

DOB: __/__/____ **Gender (Circle one):** Male / Female **Preferred Language**: _____

Smoking Status (☑ check one): ❑ Every Day Smoker ❑ Occasional Smoker ❑ Former Smoker ❑ Never Smoked

Smoking Start Date (Optional): _____

Family Medical History – ☑ check *major medical diagnoses for family members below*							
No Known Diagnosis	000.00	❑ Father	❑ Mother	❑ Brother	❑ Sister	❑ Son	❑ Daughter
Heart Disease	151.9	❑ Father	❑ Mother	❑ Brother	❑ Sister	❑ Son	❑ Daughter
Diabetes	E11.9	❑ Father	❑ Mother	❑ Brother	❑ Sister	❑ Son	❑ Daughter
Stroke	I63.50	❑ Father	❑ Mother	❑ Brother	❑ Sister	❑ Son	❑ Daughter
Cancer	C80.1	❑ Father	❑ Mother	❑ Brother	❑ Sister	❑ Son	❑ Daughter

Race (☑ check one): ❑ I Decline to Specify ❑ American Indian or Alaska Native ❑ Asian ❑ Black or African American ❑ White (Caucasian) ❑ Native Hawaiian or Pacific Islander

Ethnicity ((☑ check one): ❑ I Decline to Specify ❑ Hispanic or Latino ❑ Not Hispanic or Latino

Are you currently taking any medications? *(Include prescription & regularly used over the counter medications)*	
Medication Name	Dosage and Frequency (i.e. 5mg once a day, etc.)

Do you have any medication allergies?			
Medication Name	Reaction	Onset Date	Additional Comments

☐ **Check here if you choose to decline receipt of your clinical summary after every visit** *(These summaries are often blank as a result of the nature and frequency of chiropractic care.)*

Patient Signature: _____ Date: _____

For office use only

Height: _____ Weight:_____ Blood Pressure:_____ /_____