

Patient Demographics & Screening Form:

In compliance with CMS's MIPS/MACRA standards we are required to capture demographic data including your preferred language, race, and ethnicity, along with other clinical data. 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: _____ **Date of Birth:** ____ / ____ / ____

Patient Portal Access Desired? Yes No **Email:** _____

Sex Assigned at Birth: Male Female

Gender Identity: Male Female X: _____ **Pronouns:** _____

Race:

- Black/African – American
- American Indian/Alaska Native
- Asian
- White/Caucasian
- Native Hawaiian/Pacific Islander
- Unknown/Undetermined
- Other _____

Ethnicity:

- Hispanic/Latinx
- Non – Hispanic/Latinx
- Unknown
- Other _____

Primary Language:

- English
- Spanish
- French
- Chinese
- Korean
- North American Indian language
- Other _____

Please provide information about previous tests, screenings, immunization (including date MM/YYYY)

Breast Cancer Screening:

Mammogram: ____ / ____

Cervical Cancer Screening:

Pap smear: ____ / ____

HPV Test: ____ / ____

Colorectal Cancer Screening:

Fecal Occult Blood: ____ / ____

Colonoscopy: ____ / ____

Flexible Sigmoidoscopy: ____ / ____

FIT-DNA(Cologuard): ____ / ____

Tobacco Use:

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

Flu Shot: ____ / ____

Pneumococcal Vaccine (Pneumonia): ____ / ____

History of Falls within the last year? Yes No

Patient Signature: _____ **Date:** _____