Mid Ohio Chiropractic Inc.

714 N. Sandusky Ave. Upper Sandusky, OH 43351
234 S. Sandusky Ave. Bucyrus, OH 44820

Electronic Health Records Intake Form

This information is for the government requirement

First Name:____________________________ **Last Name**:____________________________

Preferred Language (Check one): ☐ ENGLISH ☐ SPANISH ☐ GERMAN OR OTHERS: ________________

Race (Check one): ☐ White Caucasian ☐ American Indian or Alaska Native
☐ Black or African American ☐ Asian
☐ Native Hawaiian or Pacific Islander ☐ or Decline to Answer

Smoking (Check one): ☐ or Never Smoked
☐ Every Day Smoker ☐ Occasional Smoker ☐ Former Smoker
Start date: _____________

Ethnicity (Circle one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Decline to Answer

Height: __________ **Weight:** _____________ **Blood Pressure (if know) :**______ /______

☐ **No Change of Medication from last year for Current Patient. Please skip to Signature.**

OR

for New Patients OR Change of Medication from last year for Current Patient:

(Please include regularly used over the counter medications)

Medication Name	Dosage and Frequency (i.e. 5mg once a day, etc.)

Medication Allergies?

Medication Name	Reaction	Onset Date

For New Patients Only:

Family medical History (Record one diagnosis in your family history and the effected)				
Diagnosis	**Father**	**Mother**	**Sibling**	**Offspring**

☐ **I choose to decline receipt of my clinical summary after every visit**

(These summaries are often blank as a result of the nature and frequency of chiropractic care.)

Patient Signature: ____ Date: _________________