



Patient Interview Form

Patient Information

First Name: _____ Last Name: _____
MRN: _____ Date Of Birth: _____
Age: _____ Notes: _____

Race

- White/Caucasian
- Black or African American
- Asian
- Hispanic or Latino
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Mixed
- Other
- Unknown
- Patient declines to provide information
- Prohibited by state law

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino
- Patient declines to provide information
- Prohibited by state law

Preferred Language

Other: _____

Contact Preference

Other: _____

Allergies

- Patient has no known allergies
- Patient has no known drug allergies
- Aspirin
- Eggs
- Iodine
- Latex
- Penicillins
- Sulfa
- Versed
- Other: _____

Current Medications

None

Name	Dose	How taken?

Immunizations

- None
- Hep A
- Hep B
- Pneumonia
- Flu vaccine
- When: _____ When: _____ When: _____ When: _____

Diagnostic Studies/Tests

None

Name: _____

Reviewed with

Patient Parent Guardian Not Present

Signature

Signature

Date