

Patient Information Sheet - Meaningful Use Data

Today's Date: _____

Patient's Name: _____ **Patient's SS#:** _____

Patient's DOB: _____ **Chart#:** _____

Patient's home address: _____

Patient's home phone #: _____

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Patient's Race: (Please circle)

- White
- Asian
- Native Hawaiian or Pacific Islander
- Black or African American
- Native American
- 2 or more races

Patient's preferred language: _____

Patient's Ethnicity: (Please circle)

- Hispanic
- Latino
- Not Hispanic or Latino

Patient's Preferred Name: _____

Mother's Name: _____ **Mother's SS#:** _____

Mother's DOB: _____ **Mother's Cell#:** _____

Mother's work#: _____

Father's Name: _____ **Father's SS#:** _____

Father's DOB: _____ **Father's Cell#:** _____

Father's work#: _____