



Patient Information continued:

rev 10.31.13

Patient Name: _____ Date of Birth ___/___/___
First Middle Last

Below is Statistical Information mandated by government health services for data reporting purposes only:
All information below is reported without patient names or personal information to protect your privacy.

Demographics

Language: English ___ Spanish ___ Chinese ___ Danish ___ Deaf ___ Other _____

Ethnicity: Hispanic or Latino ___ Not Hispanic or Latino ___

Race: White ___ Black/African American ___ Asian ___ Native American or Alaska Native ___
Native Hawaiian or Pacific Islander ___ Other: _____

Lifestyle Questions

Tobacco Use:

Quit ___(1036F) Never: ___(1036F) Current every day: ___(4004F) Current some days ___(4004F)

Smoking can affect eye health. Your doctor can give you more information.

Alcohol Use: (3016F)

For Women or Men age 65 or greater:

On average do you drink 7 or more alcohol drinks per week? ___(Yes) ___(No)

On average do you drink 3 or more alcohol drinks per occasion? ___(Yes) ___(No)

OR

For Men less than the age of 65:

On average do you drink 14 or more alcohol drinks per week? ___(Yes) ___(No)

On average do you drink 4 or more alcohol drinks per occasion ? ___(Yes) ___(No)

Flu Shot: (shot to prevent Flu)

I received a Flu Shot ___(Yes) (G8482) Approx date: ___/___(Month/Year) OR

I did not receive a Flu Shot ___ Reason: _____(G8483)

Reason not specified: _____(G8484)

If age 65 or older:

Pneumonia Vaccine: (to prevent pneumonia)

I Received a Pneumonia Vaccine ___(Yes) (4040F) Approx date: ___/___(Month/Year) OR

I did not receive a Pneumonia Shot for medical reasons: _____(4040F-1P)

I did not receive a Pneumonia Shot - reason not specified: _____(4040F-8P)

Patient Signature: _____ Date: _____