



Medical practices are required by Federal Law to request the following information. Please check the answer that most accurately applies to the patient.

Patient's Race: Asian White Black or African American
 Native Hawaiian or Pacific Islander
 American Indian Alaska Native
 Prefer Not to Answer

Patient's Ethnicity: Hispanic or Latino Not Hispanic or Latino
 Prefer Not to Answer

Patient's Preferred Language: English Spanish
 Other. Please Specify _____

If Patient is 13 Years Old or Older, Smoking status:

- Never Smoker (has smoked less than 100 cigarettes)
- Former Smoker (has smoked at least 100 cigarettes in the past)
- Current Every Day Smoker
- Current Some Day Smoker
- Unknown if Ever Smoked

Optional Questions:

Email Address _____

Preferred Means to Receive Reminder Notices: Standard Mail Email

Preferred Pharmacy Name: _____

Address: _____

Phone: _____

It is your right to comment on the usage of this form by emailing the
US Department of Health and Human Services at
<http://www.hhs.gov/feedback.html>