

Name \_\_\_\_\_

Date \_\_\_\_\_

### E.M.R. INFORMATION

Preferred Language  English  Spanish  
Other: \_\_\_\_\_

Race:  White/Caucasian  Black /African American  
 Asian  American Indian/Alaska Native  
 Pacific Islander

Ethnicity: Hispanic or Latino  Yes  No

Preferred method for our office to communicate with you:

Telephone  email

What is your current smoking status?

Current every day smoker  Current some day smoker  
 Former Smoker  Never Smoked

Alcohol:  Drink Everyday  Drink a couple times a week  Seldom Drink  Non Drinker

Activity Level: (please circle one) Athletic Moderate Mild Sedentary

Is there a history in your family of any medical Conditions? ( Diabetes, Heart Disease Etc...)

Mother's

Side \_\_\_\_\_

Father's

Side \_\_\_\_\_

Brother/Sister \_\_\_\_\_

Any Medical Problems in the past two years? If yes please write them below.

Yes  No

\_\_\_\_\_  
\_\_\_\_\_

What is your Current Shoe size? \_\_\_\_\_ Height? \_\_\_\_\_ Weight? \_\_\_\_\_

Current Medications:

\_\_\_\_\_  
\_\_\_\_\_

Allergies:

\_\_\_\_\_  
\_\_\_\_\_

(For Office to Fill In)

Blood Pressure \_\_\_\_\_

Pulse \_\_\_\_\_