

OFFICE USE ONLY

Vitals: In EZnotes, complete by

- 1) Going to "Exam" screen
- 2) "Select by region"
- 3) Then select "Vitals"

Blood Pressure: _____ / _____ Height: _____ Weight: _____

Smoking Status: Smokes every day Smokes some days Former Smoker Never Smoked

PRESCRIBED MEDICINES

Check here if not taking any medications:

Medication: i.e. Lipitor	# of MD refills issued:	Quantity of Pills:	Strength: i.e. 10 mg	Dose Form: i.e. Capsule	MD's instruction: i.e. 1 per day

Are you allergic to any medicines? Please list each drug on a new line:

Check here if you do not have any medical allergies:

Name of Drug: i.e. penicillin	Symptom: i.e. headache

Have you been diagnosed with either of the following: (Please circle:)

Asthma? Diabetes?

I would like to electronically have access to my health information: (Please initial box)

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Timely access: In EZnotes, complete by

- 1) Going to "Edit Patient" section for this patient
- 3) Select "Asked Timely Access"

Completed?

Medications: In EZnotes, complete by

- 1) Going to "Edit Patient"
- 2) "Edit /View Patient's Data"
- 3) "Prescriptions/Allergies"

Completed?

Entered into EZnotes by (name): _____ Date & Time: _____