



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 Answer

Patient's Ethnicity: Hispanic or Latino Not Hispanic or Latino
 Other. Please Specify: _____

If Patient is 13 years Old or Older, Smoking Status:

- Never Smoked
- Former Smoker
- Current Everyday Smoker
- Current Some Day Smoker
- Unknown if ever smoked

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

NURSING FACILITY OR HOSPICE PATIENTS ONLY

Are you currently enrolled in hospice? YES NO
Are you currently in a skilled nursing facility? YES NO

Facility Name _____ Phone Number _____

FOR MINOR PATIENTS ONLY

Are there any court orders affecting the custody of this child: YES NO
(If yes, please provide court ordered documentation to the front desk staff.)

*****CHILDREN OF DIVORCED PARENTS:** Responsibility for payment for treatment of minor children, whose parents are divorced, rests with the parent who seeks the treatment. Any court ordered responsibility judgment must be determined between the individuals involved without the inclusion of FWEA.

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