As required by the Federal Government under The American Recovery and Reinvestment Act of 2009 (ARRA) Stage 2

PERSONAL AND HEALTH HISTORY QUESTIONNAIRE

Personal History

Patient Name: ______________________________ ______________________ _____ Date: ___________
Last First MI

Date of Birth: __/__/______ Email Address: ____
(Required for access to your online Patient Record)

Preferred Language: ________________________

Ethnicity (please select one):

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Decline to Specify
- ☐ Unknown

Race (please select one):

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ Other Race
- ☐ Decline to Specify
- ☐ White

Health History

Height: _________________

Weight: _________________

Smoking Status (please select one):

- ☐ Current Daily Smoker
- ☐ Current Occasional Smoker
- ☐ Former Smoker
- ☐ Heavy Tobacco Smoker
- ☐ Light Tobacco Smoker
- ☐ Nonsmoker
- ☐ Unknown If Ever Smoked

Clinical Decision Support:

1. Are you claustrophobic? ☐ Yes ☐ No
2. Do you have a pacemaker? ☐ Yes ☐ No
3. Do you require a wheelchair? ☐ Yes ☐ No
4. Are you allergic to Iodine? ☐ Yes ☐ No

Continued on back

Medications and Allergies

MEDICATIONS: List All Medications That You are Currently Taking	
Drug Name	**Dosage**

ALLERGIES: List Any Known Allergies	
Type of Allergy	**Reaction**