

<b>Urmos Chiropractic Health Center is complying with Federal Standards, please answer the following questions</b>
<b>Preferred Language</b>
<input type="checkbox"/> English
<input type="checkbox"/> Spanish
<input type="checkbox"/> Other (Please Specify) _____
<b>Race:</b>
<input type="checkbox"/> I do not wish to provide this information
<input type="checkbox"/> White
<input type="checkbox"/> Black or African American
<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Other (Please Specify) _____
<b>Ethnicity:</b>
<input type="checkbox"/> I do not wish to provide this information
<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Non-Hispanic or Latino
<input type="checkbox"/> Other (Please Specify) _____
<b>Smoking Status:</b>
<input type="checkbox"/> Current every day smoker
<input type="checkbox"/> Current some day smoker
<input type="checkbox"/> Former Smoker
<input type="checkbox"/> Never Smoker
<b>Do you have any medication allergies?</b>
<input type="checkbox"/> No known medication allergies
<input type="checkbox"/> Yes (Please list below)
<b>Are you currently taking any medications?</b>
<input type="checkbox"/> Not currently prescribed any medications
<input type="checkbox"/> Yes (If yes, please list below: Medication name, dose and how often you take)
<b>Did you take the Covid Vaccine? Yes _____ No _____</b>
<b>If so, did you have any side effects? Yes _____ No _____ (If yes, please list below)</b>