

Rizzo & Wiegeling Chiropractic  
502 Logan Blvd.  
Altoona, PA 16602  
814-944-3536 Phone

# Electronic Health Records Follow-Up Form 2017

*In compliance with Medicare requirements for the government EHR incentive program*

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Email address:** \_\_\_\_\_@\_\_\_\_\_

**Has your permanent address changed since the last time you were in? Y / N**

If yes please provide us with your new address \_\_\_\_\_

**Has your smoking status changed since you last reported it to us? Y / N**

If Yes, please circle one: Every Day Smoker / Occasional Smoker / Former Smoker / Never Smoked

**Have your medications changed since you last reported them to us? Y / N**

If Yes, please list regularly used over the counter medications:

Medication Name	Dosage and Frequency (i.e. 5mg once a day, etc.)

**Have your allergies to medications changed since you last reported it to us? Y / N**

If Yes Please list your new allergies and reactions to that medication

Medication Name	Reaction

**Would you like to receive text reminders for your appointments? Y / N**

Please provide us your with cell phone number for updating purposes \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***For office use only***

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_