



818 N Emporia #403
Wichita, Ks 67214

We are implementing an electronic medical record system, and need to update your personal information. Please fill out this form completely and return it to the front desk, or take it home and return the completed form by mail as soon as possible. Thank you.

Patient Name	Date of Birth:		Male	Female
Email Address				
Race (check one)	White/Caucasian Black/African American Asian Native American Unknown Not Provided	African Asian-Indian Cambodian Chinese Eskimo Fijian	Filipino Guamanian (Guam) Hawaiian Hmong Japanese Korean	Laotian Pakistani Samoan Thai Tongan Vietnamese
Ethnicity (check one)	Hispanic or Latino	Non-Hispanic or Latino	Not Provided	
Preferred Language	English	Spanish	Vietnamese	Other: _____
Smoking History	I currently smoke Yes No	Number of packs/day: _____	Number of years: _____	
	I used to smoke Yes No	Number of packs/day: _____	Number of years: _____ When did you stop? _____	
Allergies				
Have you had a flu shot this season? (Sept 2015 thru March 2016)	Yes No	If yes, where?		
Referring Physician:	CCK Physician:			

Medications currently being taken (if more space is needed, use the back of this page). You do not need to include the chemotherapy drugs received in the treatment room. Include ALL vitamins and herbal supplements.

Drug	Dose	Frequency	Date Started	Reason for Taking

Preferred Pharmacy Name / Location	
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