

PATIENT STATISTICS

PATIENT NAME: _____

HEIGHT: _____ WEIGHT: _____

PREFERRED LANGUAGE: _____

CHECK ONE PLEASE:

RACE:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic
- Native Hawaiian/Other Pacific Island
- Caucasian

ETHNICITY:

- Hispanic or Latino
- Native Hawaiian/Other Pacific Island
- Not Hispanic or Latino

Are you a current smoker? _____

Do you drink alcohol? _____

Do you use narcotics? _____

Have you ever had a sexually transmitted disease? _____

Have you ever had a blood transfusion? _____