

**LHS Patient Information
"Meaningful Use" Addendum**

Patient Name _____ Date _____

Please **CIRCLE** your response.

How may we contact you?

Mail Email Home Phone Cell Phone Work Phone
Other _____

Race:

American Indian or Alaskan Native African American or Black
Caucasian or White Native Hawaiian Asian
Other Pacific Islander More than one race Do not wish to answer

Ethnicity:

Not Hispanic or Latino Hispanic or Latino Do not wish to answer

Preferred Language:
