

**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

**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:**

\_\_\_\_\_