

# LOGAN UNIVERSITY

## CHIROPRACTIC HEALTH CENTERS

### Patient Profile, cont'd.

The following three questions are necessary as part of federal law relating to patient care and the use of electronic medical records. If you prefer not to answer these questions simply indicate this choice below.

1. What is your preferred language? \_\_\_\_\_  I do not wish to specify

2. Race (Check One):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> White                         | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Hispanic                         |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Asian                  | <input type="checkbox"/> Asian Indian                     |
| <input type="checkbox"/> Chinese                       | <input type="checkbox"/> Filipino               | <input type="checkbox"/> Japanese                         |
| <input type="checkbox"/> Korean                        | <input type="checkbox"/> Vietnamese             | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Samoan                        | <input type="checkbox"/> Other                  | <input type="checkbox"/> I do not wish to specify         |

3. Ethnicity (Check One):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Not Hispanic/Latino | <input type="checkbox"/> I do not wish to specify |
|--|--|---|

We provide clinical care summaries to our patients – these clinical summaries offer a brief description of the care you are receiving in our clinic. Clinical summaries are typically sent through email, although you may request paper copies if you'd prefer. Just let us know!

To protect email messaging you will need to establish your identity through a verification question. Please choose *one question below* for your verification question:

- What is the name of your favorite pet?
- In what city were you born?
- What high school did you attend?
- What is your favorite movie?
- What is your mother's maiden name?
- What street did you grow up on?
- What is make of your first car?
- What is your anniversary?
- What is your favorite color?

Answer (must be at least six characters using only letters and no spaces): \_\_\_\_\_

**Thank you!**

**Employee Use Only:** Entered into FHI by: \_\_\_\_\_ Date: \_\_\_\_\_

Montgomery Health Center  
636-230-1990

Mid Rivers/94 Health Center  
636-397-3545

Southfield Health Center  
314-849-3800