Reno Diagnostic Centers
When it has to be done right.

Meaningful Use Questionnaire

Last Updated by: Aimie Redding

Personal Information

Patient Name: _____

Height: _____ Weight: _____

Please check the appropriate answer:

Gender: ❑Female ❑Male

Race: ❑White ❑Asian ❑American Indian/Alaska Native
❑Black or African American ❑Hawaiian/Pacific Islander
❑Declined to answer

Ethnicity: ❑Hispanic or Latino ❑Non-Hispanic or Latino
❑Declined to answer

Preferred Language: ❑English ❑Spanish ❑French ❑Russian
❑Japanese ❑Hebrew ❑German

Smoking Status (for those age 13 and older): ❑Never Smoked ❑Declined
❑Every day smoker ❑Some day smoker ❑Former smoker

Medical History

Medications
Do you take any of these prescribed medications?

❑None ❑I take medications, but do not have the doses

❑Metformin Dosage: _____ ❑Aspirin Dosage: _____

❑Coumadin (Warfarin) Dosage: _____ ❑Cytomel (Liothyronine) Dosage: _____

❑Amiodarone Dosage: _____ ❑PTU (Propylthiouracil) Dosage: _____

❑Heparin Dosage: _____ ❑Lugol's solution (Iodine) Dosage: _____

❑Tapazole Dosage: _____ ❑Methimazole Dosage: _____

❑Synthroid Dosage: _____ ❑Thyroxine Dosage: _____

❑Levoxyl Dosage: _____ ❑Levothyroxine Dosage: _____

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Allergies

Do you have any of these known allergies? ❑None

❑Betadine Please list reaction, if any: _____

❑Lidocaine Please list reaction, if any: _____

❑Adhesive tape Please list reaction, if any: _____

❑Iodine Please list reaction, if any: _____

❑Penicillin Please list reaction, if any: _____

Medical Conditions

Do you have any of these known medical conditions? ❑None

❑Hypertension (High Blood Pressure) ❑Diabetes Type I ❑Diabetes Type II

❑Renal (Kidney) Disease ❑Asthma ❑Reaction to Latex

_____ _____

Patient or Legal Guardian Signature Date

_____

Relationship to Patient