

Tower Radiology Centers
PATIENT HEALTH DATA SHEET

PID: _____
Date of Exam: _____

Due to recent changes in healthcare laws, the United States government now requires that we obtain the following information regardless of the type of exam you are having. We understand some of these questions may be sensitive and appreciate your cooperation. Additional information can be found at www.healthIT.gov

General Demographics
(Required)

Patient Name _____

Gender Male Female Age _____

Height _____ Weight _____

Smoker? Daily Occasionally Former Never

Extended Demographics

Race American Indian Other
 Asian White
 Black or African American
 Native Hawaiian or other Pacific Islander

Ethnicity Hispanic or Latino Other
 Non Hispanic or Latino

Preferred Language English
 Spanish

I decline from providing my extended demographic information in this section above.

Patient Portal

Please provide your email address below to access your medical records online.

Email Address: _____

PSR Initials _____