Atlanta Cardiology Consultants, P.C.

Thomas S. Backer, M.D., F.A.C.C. / Katie Steffen, MMSC PA-C

Patients Full Legal Name: ________________________________ Date of Birth: ___________________

We are now required to collect Race, Ethnicity and Language. If you prefer not to report this information, you may choose Refused/Unreported

(Please Check ONE in EACH CATEGORY that applies)

RACE	ETHNICITY	PREFERRED LANGUAGE
☐ White ☐ Black or African American ☐ Asian ☐ American Indian or Alaskan Native ☐ Native Hawaiian ☐ Other Pacific Islander ☐ More Than One ☐ Undefined ☐ Refused to Report/Unreported	☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Undefined ☐ Refused to Report/ Un-reported	☐ English ☐ Hindi ☐ Spanish ☐ Vietnamese ☐ Urdu ☐ Refused to Report/Unreported ☐ Other: _______________

Pharmacy Preference:

Name: ____

Location: ____

Phone Number: ____

Patient Portal Access: ☐ Decline

Please Provide an Email address for access to our Secure Patient Portal

Email Address: ____

Smoking Status:

☐ Every Day ☐ Some Days ☐ Former Smoker ☐Never Smoked

How Did You Hear About Us? (Please Check ONE that applies)

☐Family/Friend ☐Online/Yellow Pages ☐Hospital ☐Newspaper

☐Existing Patient ☐Self Referral ☐Doctor: ___________________________