



**NOBLE**  
PAIN MANAGEMENT  
& SPORTS MEDICINE

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Meaningful Use Patient Questionnaire

In an effort to improve the quality of care or patients receive, Noble Pain Management and Sports Medicine has implemented an electronic health record and is participating in the Meaningful Use Initiative. The data we are collecting below will help Noble efficiently and safely care for you, reduce health disparities, and improve care coordination between Noble, your primary care physician and local hospitals. Please take a moment to answer the following very important questions regarding you and your overall healthcare. Thank you for choosing Noble.

**Please circle your race:**

- American Indian or Alaska Native      Asian      Native Hawaiian or Other Pacific Islander
- Black or African American      White      Hispanic      Other Race      Other Pacific Islander
- Refuse to Report

**Please circle your ethnic background:**

- Hispanic or Latino      Not Hispanic or Latino      Refuse to Report

**What is your preferred language?** \_\_\_\_\_

**Patient/Guardian Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_