



### HEALTH COMPANION DATA SHEET

## Great News! You can now access your imaging results online.

Patient Name: <i>(Last, First and Middle Initial)</i>		DOB:
Visit Date:	Social Security:	
<i>(Email required to receive reports)</i>	Email:	

Please provide the information requested in the shaded box below. If you're a returning patient and have answered these questions previously, the answers you have given will be indicated in **BOLD**. If there are no changes you may keep this page for information regarding the new benefits of Health Companion!

<b>Ethnicity:</b>	<b>Race:</b>	<b>Preferred Language:</b>	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> English	<input type="checkbox"/> French
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Italian	<input type="checkbox"/> Japanese
<input type="checkbox"/> Decline to state	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Russian
	<input type="checkbox"/> Decline to state	<input type="checkbox"/> Spanish	<input type="checkbox"/> Unknown/Other

**Smoking Status:**

Current every day smoker    Current some day smoker    Former smoker    Never smoker

**Medical Conditions:**                       None

*Please List:* \_\_\_\_\_ *Start Date:* \_\_\_\_\_

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**Medication List:**                               None

*Please List:* \_\_\_\_\_ *Dose:* \_\_\_\_\_

*Please List:* \_\_\_\_\_ *Dose:* \_\_\_\_\_

*Please List:* \_\_\_\_\_ *Dose:* \_\_\_\_\_

**Medical Allergy List:**                       None

*Please List:* \_\_\_\_\_ *Reaction:* \_\_\_\_\_

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**Family Medical History:**                       None

*Please List:* \_\_\_\_\_ *Relationship:* \_\_\_\_\_

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- 1. Go to:**  
[www.HealthCompanion.com/ehr/00490](http://www.HealthCompanion.com/ehr/00490)
- 2. You will need to enter your PIN if you have not already established a link between your Health Companion account and us.**
- 3. Your PIN is:**

**What is Health Companion?** It's a free, secure, and confidential, personal health record to help you store information and live a healthier life. For questions related to your Health Companion account contact Health Companion Support: at 1-866-944-8196 or support@healthcompanion.com

**What if my record isn't available when I log-on?** Try again in a day or two. Imaging reports will come after **3 days** to allow your referring physician time to review them first.

**What if I don't register?** Your personal access to the information we are providing you will expire in **30 days** if you don't complete your registration.

**After you sign up for Health Companion:** Use Health Companion to manage your health information. If you desire, upload your other healthcare records. Track your prevention needs, screening exams, and healthy habits. Invite friends and family to join and communicate about health issues with others, **WITHOUT** sharing your personal health information.