

PATIENT INTAKE FORM

Please answer the following questions so we can comply with government regulations at our practice.
Do you have any of the following:

- Heart Failure
- Coronary Artery Disease (CAD)
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes

- 1) Did you receive the flu vaccine before this past flus season? Yes or No
- 2) Did you receive the shingles vaccine (50 years or older) Yes or No
- 3) Did you receive the pneumonia vaccine (65 years or older) Yes or No
- 4) Do you have a history of Melanoma: Yes of No
- 5) Do you smoke? Yes or No
- 6) How many times in the last year have you had 4 or more drinks in one day?
- 7) Who is your Primary Care Physician: _____

Month and Year of last visit: _____

Revised 01/14/20