

Date: _____

Patient Name: _____

Date of Birth: _____

Primary Care Physician: _____

- I don't have a PCP

Referring Physician: _____

- I don't have a referring physician

Please answer all applicable questions

Please describe your tobacco habits

- Never Tobacco User
- Former Tobacco User
- Current Everyday Tobacco User
- Current Occasional Tobacco User

Patients 65+ Only

Have you ever received a pneumonia vaccine?

- Yes → Please circle which vaccine below and provide year vaccine was received.
 - PCV13 / Prevnar 13 → Year: _____
 - PPSV23 / Pneumovax23 → Year: _____
- No

Do you have a surrogate decision maker?

- Yes → Please provide details below

Name: _____

Phone Number: _____

- No
- Decline

Do you have a living will?

- Yes → Please Explain: _____
 - No
 - Decline
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