

# Returning Patients – Information Update

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

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

Who is your primary care/referring provider? \_\_\_\_\_

Email address: \_\_\_\_\_

(For patient portal communications)

## Alcohol Use: Screening

How many times in the past year have you had 5 (for men) or 4 (for women and all adults older than 65 years) or more drinks in a day? \_\_\_\_\_

## Influenza Vaccine - Check the one that best fits:

- Received a flu vaccine this flu season.
- Did not receive a flu vaccine this flu season because of medical reasons.
- Did not receive a flu vaccine this flu season because I don't want one.
- Did not receive a flu vaccine this flu season.

## Pneumococcal Vaccine (For patients 65 and older Only) - Check the one that best fits:

- Received a pneumococcal Vaccine (Pneumovax).
- Did not receive a pneumococcal Vaccine

## Advance Directives

Advance directives are designed to respect your autonomy and determine your wishes about future life sustaining medical treatment if you are unable to indicate your wishes. Key interventions and treatment decisions are: resuscitation procedures such as Cardiopulmonary Resuscitation (CPR), and mechanical respiration (breathing tube). You may provide our office with any documents for our files.

Which statement(s) **best reflect** your wishes on advanced care recommendations?

- I want full cardiopulmonary resuscitation efforts to be made (Full Code).
- I do not wish to have a breathing tube, even if it is necessary to save my life (Do Not Intubate).
- If my heart were to stop, I do not wish to have chest compressions or an automated external defibrillator to restart my heart, even if it is necessary to save my life (Do Not Resuscitate).
- I have a living will.
- I have a health care proxy whose name is \_\_\_\_\_ and contact information is \_\_\_\_\_.

**Other Vaccines (For patients who are EXACTLY 13 years old) If you are not currently 13 years old, please skip this question. Check ALL that apply:**

- Received one dose of meningococcal vaccine on or between my 11-13<sup>th</sup> birthday.
- Received one tetanus, diphtheria and pertussis vaccine (Tdap) on or between my 10<sup>th</sup> and 13<sup>th</sup> birthdays.
- Received at least three HPV vaccines on or between my 9<sup>th</sup> and 13<sup>th</sup> birthdays.