



Due to some recent Affordable Care Act changes, we are now required to ask you additional medical information about your social history. These questions may seem irrelevant to dermatology, but they are required of us as a medical practice. Kindly complete the below for your medical record.

SOCIAL HISTORY

Currently smoke _____ packs of cigarettes a day.

Previously smoked _____ packs of cigarettes a day and quit _____ years ago.

You consume _____ alcoholic beverages **per day/ week/ month (circle)**

MEDICAL HISTORY

Have you had a Colonoscopy in the last 5 years **YES/NO (circle)**

Have you had a current flu vaccine for the current flu season **YES/NO (circle)**

Have you had a Pneumonia vaccine if over the age of 65 **YES/NO or Not over 65 (circle one)**

ADVANCED CARE PLAN **Advance care planning** is making decisions about the **care** you would want to receive if you become unable to speak for yourself. These are your decisions to make, regardless of what you choose for your **care**, and the decisions are based on your personal values, preferences, and discussions with your loved ones

Choose ONE:

FULL CODE

The patient wishes to have full cardiopulmonary resuscitation efforts to be made.

DO NOT INTUBATE

The patient does NOT wish to have a breathing tube, even if it is required for life saving measures.

DO NOT RESUSCITATE

In the event that the patient's heart were to stop, the patient does NOT wish to have chest compression or an automated external defibrillator to restart the heart, even if it is required for life saving measures.

LIVING WILL

The patient has a living will

HEALTHCARE PROXY

The patient has a healthcare proxy

PATIENT SIGNATURE

DATE

PLEASE PRINT NAME