

NAME: _____ **DOB:** _____

This information will be entered into your health history and is required by U.S. Government Regulations. Thank you for providing your confidential health information.

Influenza Vaccine

Check the one that best fits:

Received a flu vaccine this flu season.

Did **not** receive a flu vaccine this flu season due to medical reasons.

Did **not** receive a flu vaccine this flu season.

Pneumococcal Vaccine

Check the one that best fits:

Received a pneumococcal vaccine (ever).

Did **not** receive a pneumococcal vaccine (ever).

Alcohol Use

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? _____

Tobacco Use

Check the one that best fits: Smoking Status.

Current smoker.

Former smoker.

Never smoked.

Number of packs smoked per day when smoking.

Total years of smoking.

Advanced Directives

Advanced 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 decision are resuscitation procedures such as Cardiopulmonary Resuscitation (CPR), and mechanical respiration (breathing tube).

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** want 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's 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 _____.

Patient Signature: _____ Date: _____

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