KAVEH BAGHERI M.D., F.A.C.P., F.C.C.P.

Name:_____

Immunizations and dates:	☐ Influenza		☐ Pneumonia	
	☐ Shingles		☐ Hepatitis	

Tobacco	Do you use tobacco?		☐ Yes	☐ No
	☐ Cigarettes _____ pks./day	☐ E-cigarette		
	☐ # of years	☐ Or year quit		

Alcohol	Do you drink alcohol?	☐ Yes	☐ No
	How many drinks per day?		

Pets	What kind of pets do you have?
	How many?

Personal Safety	Do you live alone?	☐ Yes	☐ No
	Do you have frequent falls?	☐ Yes	☐ No
	Do you have vision or hearing loss?	☐ Yes	☐ No
	Do you have an Advance Directive or Living Will?	☐ Yes	☐ No