

EDUCATION LEVEL:

PATIENT (You):

less than high school High school Some College College Master Doctorate
 Decline to answer

Patient's Father:

less than high school High school Some College College Master Doctorate
 Decline to answer

Patient's Mother:

less than high school High school Some College College Master Doctorate
 Decline to answer

Patient's Spouse:

less than high school High school Some College College Master Doctorate
 Decline to answer

How many people are in your household, including yourself? _____ Decline to answer

What is your estimated ANNUAL HOUSEHOLD INCOME?

\$ _____ Decline to answer

SMOKING

Did you smoke cigarettes?

No
 Yes, less than 1 pack per day
 Yes, 1 or more pack per day
 decline to answer
 Not applicable

Does anyone in your household smoke cigarettes? Yes No Decline to answer

How often are you exposed to secondhand smoke?

Never
 Daily
 several times per week
 several times per month or less
 declined to answer
 Unknown

VAPING

Did you use electronic cigarettes (vaping)? Yes No Decline to answer

How often did you vape? Everyday Some days Not at all Decline to answer

IMMUNIZATION

Did you receive the influenza vaccine this year? Yes No Decline to answer

Did you receive COVID vaccine? Yes No Decline to answer

PULMONARY

Do you use OXYGEN? Yes No
If YES: Continuous Nocturnal and/or with exertion During exacerbation As needed

Do you use any NON-INVASIVE VENT? (assisted breathing, BiPap, CPAP, etc): Yes No

Did you have a CHEST X-RAY this year? Yes No

EYE CARE

Did you get checked for cataracts this year? Yes No Unknown

If you have diabetes, did you have a retinal exam done by an ophthalmologist?
 Yes No Unknown Not applicable

PREGNANCY:

Not applicable

Are you or were you PREGNANT this year? Yes No Decline to answer

If YES, date of last LMP: ____/____/____

If YES, outcome of pregnancy:

Live stillbirth spontaneous abortion therapeutic abortion undelivered

decline to answer

Date of outcome: ____/____/____

IF AGE 2 YEAR or LESS:

Not applicable

Did your child attend DAYCARE this year? Yes No Unknown

Did your family receive genetic counseling this year? Yes No Unknown

Was your child given SYNAGIS this season (Sept - Jan)? Yes No Unknown

Please return completed pediatric patient forms to:

New York Medical College
Attn: Boston Children's Health Physicians
Dr. Suzette Gjonaj
40 Sunshine Cottage Rd
Skyline 1NE29
Valhalla, NY10595

Please return completed adult patient forms to:

Dr. Timothy Collins
21 Reade Place, suite 1000
Poughkeepsie, NY 12601