Affiliated Dermatologists, Inc. Edward A. Searle, M.D. & Jill S. Mines, M.D. (P) 805-484-3331 (F) 805-987-2118

Medicare Health Questionnaire

Name:		DOB:				Date:			
Have you had your 2022-2023 flu shot?	YES Date:			□ NO					
Did you have your 2021-2022 flu shot?		YES Dat		NO					
Have you had a Pneumonia Vaccine?	Da	YES te:		NO		vnar 13? YES	Pneumovax 23? YES		
Have you had a Covid-19 Vaccine?		YES 1 st Date: 2 nd Date:			Date: NO Date:				
Are you a current smoker? (i.e., cigars, cigarettes, medical marijuana)	Pa	YES Packs per day:				NO			
Do you have a current medication list?		YES (please provide a co			NO (complete section below)				
Name of Drug		Strength		Frequency	1	Route (i.e.,	oral, injection)		
Over the counter Medications, Supplemental	ents,	Herbs, Vitan	nins						