

LA PINE
PO Box 1888, La Pine, OR 97739
(541)536-6122 – FAX (541)536-6123



SUNRIVER
PO Box 4185, Sunriver, OR 97707
(541)593-8535 – FAX (541)593-0316

Patient # _____

Medicare requires that we ask these Questions.

Have you fallen in the last year? Y/N

How many times? _____

Are you a tobacco user?

Smoking Status: **Never a smoker**
 Former Smoker
 Current every day smoker
 Current someday smoker

How much do you Smoke (PPD) _____

Do you use Chewing Tobacco? Y/N

How much do you Use? Cans per Day/Week _____

What is your most recent height and weight?

Height _____ ft _____ in

Weight _____ lbs