



ALABAMA ONCOLOGY®

ANNUAL PATIENT INFORMATION UPDATES

Patient Name:	DOB:	Today's Date:	
Preferred Pharmacy:	Pharmacy Location:	Pharmacy Telephone:	
Email:		For Office Use Only: <input type="checkbox"/> Portal Invite Sent	
ADVANCE CARE DIRECTIVES			
Do you have a living will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have a healthcare power of attorney?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have a DNR (Do Not Resuscitate) order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If you answered "Yes" to any of the above questions, please provide our office with a copy for your records			
IMMUNIZATIONS			
Have you received a Pneumonia Vaccine?	<input type="checkbox"/> Yes Date_____	<input type="checkbox"/> No	
Have you received an Influenza Vaccine?	<input type="checkbox"/> Yes Date_____	<input type="checkbox"/> No	
SMOKING STATUS			
Please Select One:	<input type="checkbox"/> Smoker	<input type="checkbox"/> Former Smoker	<input type="checkbox"/> Never Smoked
ROUTINE SCREENINGS			
Have you ever had a colonoscopy?	Ordering Physician:	Office Use:	
<input type="checkbox"/> Yes <input type="checkbox"/> No Date_____	_____	73761001	
Have you ever had a mammogram?	Ordering Physician:	Office Use:	
<input type="checkbox"/> Yes <input type="checkbox"/> No Date_____	_____	24623002	
Primary Care Physician:	Surgeon:		
_____	_____		