## CHARLESTON PULMONARY ASSOCIATES, P.A. CAROLINA SLEEP SPECIALISTS, P.A.

125 DOUGHTY STREET SUITE 200 CHARLESTON, SC 29403 PHONE 843-577-6791 FAX 843-577-0553 897 VON KOLNITZ ROAD SUITE 104 MT. PLEASANT, SC 29464

Graham C. Scott, M.D., DABSM, FACP, FCCP James J. Carswell IV, M.D., DABSM, FCCP Steve E. Herndon, M.D. Mary Anne Gould, FNP-BC John A. Mitchell, M.D., DABSM, FCCP Jason E. Gunn, M.D., FCCP M. Atif Rashad, M.D.

#### PLEASE CIRLE ANSWERS

### **DO YOU SMOKE:** YES / NO **FORMER SMOKER:** YES / NO

YEARS SMOKED: \_\_\_\_\_ START YEAR: \_\_\_\_\_ END YEAR(if former smoker):\_\_\_\_\_

IF YOU SMOKE/SMOKED, WHEN DID YOU LAST SMOKE: \_\_\_\_\_

HOW MANY PACKS PER DAY: \_\_\_\_\_YEARS SMOKED: \_\_\_\_\_

**DO YOU SMOKE CIGARS**: YES / NO **CHEW TOBACCO**: YES / NO

#### **USE SNUFF:** YES / NO

#### DO YOU DRINK ALCOHOL: YES / NO

### IF YOU DRINK ALCOHOL, HOW OFTEN DID YOU HAVE A DRINK CONTAINING ALCOHOL IN THE PAST YEAR?

NEVERMONTHLY OR LESS2-4 TIMES A MONTH2-3 TIMES A WEEK4 OR MORE TIMES A WEEK

## HOW MANY DRINKS DID YOU HAVE ON A TYPICAL DAY WHEN YOU WERE DRINKING IN THE PAST YEAR?

1-2 DRINKS 3-4 DRINKS 5-6 DRINKS 7-9 DRINKS 10+ DRINKS

# HOW OFTEND DID YOU HAVE 6 OR MORE DIRINKS ON ONE OCCASION IN THE PAST YEAR?

NEVERLESS THAN A MONTHLYMONTHLYWEEKLYDAILY OR ALMOST DAILY

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# Advanced Directives Form

# Do you have any of the following:

Power of AttorneyYes/ NoLiving WillYes/ NoDNR OrderYes/ No

Medical Power of Attorney Yes/No

□ I don't wish to discuss advanced directives.

\*If you have a copy of your power of attorney documents, we are happy to scan to your chart.

# **Home Safety**

Are you abused/mistreated in the home? Yes/No

Do you feel safe at home? Yes/No