

MICHAEL L GITTLESON D.P.M.

5454 WISCONSIN AVE #1250

CHEVY CHASE, MD 20815

Date _____

Patient Name _____

FLU VACCINATION FOR CURRENT YEAR YES _____ NO _____

PAST OR CURRENT PNEUMONIA VACCINATION YES _____ NO _____

DO YOU HAVE A LIVING WILL/OR SOMEONE MAKING DECISIONS ON YOUR BEHALF?

YES _____ NO _____

HEIGHT: _____

WEIGHT: _____

BLOOD PRESSURE: NORMAL _____ HIGH _____

SMOKER YES _____ NO _____

DIABETIC YES _____ NO _____ A1C LEVEL _____

Signature _____