

Smoking History

Smoking Status (circle one):

Current Smoker

Former Smoker

Never Smoked

Frequency /
Amount:

Start Date:

End Date (if applicable):

Employer Information

Employer Name:

Phone Number:

Address:

PulmoCrit Associates — Administrative Fees

Disability / FMLA Forms:

\$50.00

MD Excuse Note:

\$25.00

Medical Records Request:

\$50.00

Notice: The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at openpaymentsdata.cms.gov.

Patient Signature

Date