JEFFREY H. BINSTOCK, M.D. & ASSOCIATES
DIPLOMATE OF THE AMERICAN BOARD OF DERMATOLOGY
UCSF FELLOWSHIP TRAINED MOHS SURGEON

Aesthetic Dermatology
Skin Cancer & Cosmetic Surgery

MEDICAL ASSOCIATES, INC.

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AMERICAN COLLEGE OF MOHS SURGERY

AMERICAN ACADEMY OF DERMATOLOGY

AMERICAN SOCIETY FOR DERMATOLOGIC SURGERY

535 MILLER AVENUE
MILL VALLEY, CA 94941
415 383-5475
FAX 415 383-1275

WWW.BEAUTYBEFOREAGE.COM

Government Mandated Questionnaire for All Patients 2023

NAME _____DOB _____ DATE _____

HAVE YOU EVER USED TOBACCO? (To be ask once a year)
_____ NEVER
_____ EX USER /SMOKER
_____ CURRENT USER/SMOKER
AS TOBACCO USE IS LINKED TO MANY DISEASES INCLUDING CANCER. WE RECOMMEND YOU DO NOT USE TOBACCO PRODUCTS.

INFLUENZA VACCINE (Ask TWICE a year during these periods)
WE RECOMMEND AN ANNUAL VACCINE TO REDUCE YOUR RISK OF INFECTION AND TRANSMISSION.
DID YOU HAVE FLU SHOT? Y _____ N _____ WHEN _____
IF NOT, WHY NOT? _____
(October, November, December) and (January, February, March)

PNEUMONIA VACCINE (Ask once a year if 65 or older)
WE RECOMMEND PNEUMONIA VACCINE TO REDUCE YOUR RISK OF INFECTION AND TRANSMISSION.
ARE YOU 65 OR OLDER? Y _____ N _____
DID YOU HAVE THE VACCINE? Y _____ N _____
IF NOT, WHY NOT? _____

ADVANCE CARE PLAN (To be ask once a year if 65 or older)
WE RECOMMEND AN ADVANCED CARE PLAN TO PROTECT YOUR HEALTH CARE WISHES IF YOU SHOULD BECOME INCAPACITATED.
Do you have an Advance Directive or surrogate decision maker? Y _____ N _____
If yes
I will provide you with a copy of my Advance Directive. Y ____ N ____
or My surrogate decision maker is: _____
If no
Do you wish to discuss an Advance Care plan. Y _____ N _____
Do you wish to name a surrogate decision maker. Y _____ N _____

_____
Patient Signature