Princeton Radiation Oncology

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Patient Name: ____ **Date of Birth:** ______________

Living Will Information:

Do you have a Living Will?	***Check one:*** ☐ ***Yes*** ☐ ***No***
If you answered "no" would you like information about Living Wills (a.k.a. Advance Directives)	***Check one:*** ☐ ***Yes*** ☐ ***No***

What is your preferred language?

☐ English ☐ Spanish

☐ Other ______________________________

What is your race?

☐ White ☐ Alaskan Native

☐ African American ☐ American Indian

☐ Hispanic ☐ Native Hawaiian/Other Pacific

☐ Asian

What is your ethnicity?

☐ Hispanic or Latino ☐ Not Hispanic or Latino

Have you ever had a pneumococcal vaccine (for pneumonia)?

☐ No ☐ Yes

☐ Unknown

If you are 50 years or older, have you had a flu shot during the recent flu season?

☐ No ☐ Yes

☐ Unknown

Patient Signature: ______________________________ Date: ______________________