





12401 Washington Blvd. Whittier, CA 90602

P: 562.698.0811 TDD: 562.696.9267 ACT: MR:

DOB: ADM:

Name:				Age: DOB:			
Addiess.		Street		City	State	Zip	
Home Phone:				Alternate Phone:			
Physician	Name:						
Phone: _				Fax:			
Smoking	History:	☐ Current	□ Former	Quit Date:			
Packs pe	acks per Day: Years Smoked/Smoking:						
<ul><li>□ 30-Pac</li><li>□ Curren</li><li>OR</li><li>Age 50-8</li><li>□ 20-Pac</li></ul>	t smoker o 0 – Asym <sub>i</sub> ck year or g	greater history of or smoking cessat	ion for 15 years o				
*Additiona	al Risk Fad	,	nal exposure to a	,	asbestos, nickel,	cadmium, beryllium,	
			•		t in the PIH Healt rescinded by th	_	
Time	 Date	Physiciar	n Signature	Orde	rs Noted RN Signatu	ıre / Date / Time	
Fax Com	pleted Ord	er to: 562.967.29	12	Faxed:		<i></i>	

Time

Date