

# ACA COMPLIANCE FORM

**Paul S. DeMarco, DPM**

401 Shore Road

Somers Point, NJ 08244

609-927-4894

Do you have an Advanced Directives/Living Will? (For patients 18 and above)

Yes

No

Native Language

English or

Other: \_\_\_\_\_

Do you smoke?

Yes

No

Past Smoker?

Yes

No

Do you drink alcohol?

Yes

No

Frequency \_\_\_\_\_

Do you use illegal drugs?

Yes

No

Do you have any of the following barriers to care? (Please circle)

Poor vision/Legally Blind

Poor hearing

Language Barrier

Religious/Cultural Barriers

Other \_\_\_\_\_

None of the above

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date