

NAME:	AGE:	BIRTHDATE:					
	s questionnaire is intended to are any questions you do not t	help your doctor better under- understand, please talk them					
Name of doctor who refer	rred you here:						
Name of primary doctor:							
Reason for your visit:							
COPD Emphysema Tuberculosis Valley fever Sleep apnea Pulmonary fibrosis Sinus infections Other:	Heart attack Heart failure Atrial fibrillation Colon problem Heartburn/reflux Ulcer Liver disease Cancer						
MEDICATIONS: include pr	MEDICATIONS: include prescription and over-the-counter medicines						
NAME	DOSAGE	HOW MANY TIMES A DAY					

<b>IMMUNIZA</b>							
Date of last RRD		Date of last	Date of last pneumonia vaccinePositive or negative?				
Date of last	PPU	Positive or	negative?				
FAMILY HIS	STORY:						
	Medica	l Problems	Α	ge at death	Cause of death		
Father							
Mother							
Brothers							
Sisters							
Children							
					1		
<b>A</b>	and salations 20a Land						
Any other bi	ood relatives with lung p	problems?					
PERSONAL	. HISTORY:						
•	ıs:SingleMarı		ed W	/idowed			
	ice:NoYes V						
-							
-	el of school completed:						
•	FumesDust						
	e, including birds:						
Smoking:	If you did or do smoke Never smoked		rs?				
	When did you quit?						
	Cigarettesyes	no	How ma	ny packs p	oer day?		
	Cigarsyes	no	How ma	ny per day	/?		
	Pipeyesno What treatments have you tried to quit smoking?						
	what treatments have	you thea to quit	. Sillokilig :				
Alcohol:	Do you drink alcohol?						
	Type Ounces per day/ week						
	Ounces per day/ week						
Drugs:	Have you used any drugs?yesno						
	Type When did you quit?						
	TTIOIT and you quit:						

## **REVIEW OF SYSTEMS:** please check

General:	Gastrointestinal:
Fever	Lost weight recently
Chills	Gained weight recently
Sweats at night	Loss of appetite
Fatigue	Stomach pain
_	Heartburn
Sleep:	Difficulty swallowing
Difficulty falling asleep	Vomiting
Difficulty staying asleep	Constipation
Snoring	Diarrhea
Excessive daytime sleepiness	Blood in bowel movement
Sleep apnea	Jaundice
Witnessed apneas	
	Pulmonary:
Neurological:	Wheezing
Headaches	Coughing
Seizures	Phlegm
Weakness	Bloody phlegm
Numbness	Hoarse voice
Depression	Shortness of breath
Skin:	Cardiac:
Rash	Chest pain
Itching	Palpitations
Loss of hair	Ankles swollen
	Wake up short of breath
Eyes:	Fainting
Change in vision	
Pain in eyes	Genitourinary:
Cataracts	Pain when urinating
Glaucoma	Frequent urination
	Blood in urine
Ears/Nose/Mouth:	Kidney stones
Hard of hearing	Trouble starting urine
Runny nose	Night time urination
Sinus problems	Prostate problem
Polyps in nose	
Sores in mouth	Bones/Joints:
Dental problems	Joints painful or swollen
Hoarseness	Muscle cramps
	Arthritis
Hematologic:	Gout
Anemia	Osteoporosis
Bleeding or bruising easily	