

IMMUNIZATIONS:

Date of last flu vaccine _____ Date of last pneumonia vaccine _____
Date of last PPD _____ Positive or negative? _____

FAMILY HISTORY:

	Medical Problems	Age at death	Cause of death
Father			
Mother			
Brothers			
Sisters			
Children			

Any other blood relatives with lung problems? _____

PERSONAL HISTORY:

Birthplace: _____

Marital status: ___ Single ___ Married ___ Divorced ___ Widowed

Military service: ___ No ___ Yes Where? _____

Occupation: _____

Highest level of school completed: _____

Exposed to: ___ Fumes ___ Dust ___ Chemicals ___ Mold ___ Asbestos

Pets at home, including birds: _____

Smoking: If you did or do smoke, how many years? _____
 Never smoked _____
 When did you quit? _____
 Cigarettes ___yes ___no How many packs per day? _____
 Cigars ___yes ___no How many per day? _____
 Pipe ___yes ___no
 What treatments have you tried to quit smoking? _____

Alcohol: Do you drink alcohol? ___yes ___no
 Type _____
 Ounces per day/ week _____

Drugs: Have you used any drugs? ___yes ___no
 Type _____
 When did you quit? _____

REVIEW OF SYSTEMS: please check

General:

- Fever
- Chills
- Sweats at night
- Fatigue

Sleep:

- Difficulty falling asleep
- Difficulty staying asleep
- Snoring
- Excessive daytime sleepiness
- Sleep apnea
- Witnessed apneas

Neurological:

- Headaches
- Seizures
- Weakness
- Numbness
- Depression

Skin:

- Rash
- Itching
- Loss of hair

Eyes:

- Change in vision
- Pain in eyes
- Cataracts
- Glaucoma

Ears/Nose/Mouth:

- Hard of hearing
- Runny nose
- Sinus problems
- Polyps in nose
- Sores in mouth
- Dental problems
- Hoarseness

Hematologic:

- Anemia
- Bleeding or bruising easily

Gastrointestinal:

- Lost weight recently
- Gained weight recently
- Loss of appetite
- Stomach pain
- Heartburn
- Difficulty swallowing
- Vomiting
- Constipation
- Diarrhea
- Blood in bowel movement
- Jaundice

Pulmonary:

- Wheezing
- Coughing
- Phlegm
- Bloody phlegm
- Hoarse voice
- Shortness of breath

Cardiac:

- Chest pain
- Palpitations
- Ankles swollen
- Wake up short of breath
- Fainting

Genitourinary:

- Pain when urinating
- Frequent urination
- Blood in urine
- Kidney stones
- Trouble starting urine
- Night time urination
- Prostate problem

Bones/Joints:

- Joints painful or swollen
- Muscle cramps
- Arthritis
- Gout
- Osteoporosis