

# Pulmonary Follow Up

Pulmonary Associates (Template Sx.Pulm.Universal.FU, ver 1.1)

## OFFICE USE ONLY:

MR#: \_\_\_\_\_

HPI:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

➤ Since your last visit, are your respiratory problems:  Better  Worse  Same

➤ Since your last visit, have you been treated for respiratory problems?

No  Yes, in ER  Yes, in \_\_\_\_\_ hospital

➤ If you have a rescue inhaler, how often do you use it?

None recently  1-3 per week  4-6 per week  daily  more than twice daily

➤ Have you had a Chest X-Ray or CT scan (of Chest) since our last visit?

No  Yes, at \_\_\_\_\_ hospital

**Please any check symptoms that currently apply:**

Cough  Sputum production  Cough up blood  Chest pain  Fever

Shortness of breath  Chest tightness  Wheezing  Sinus problems

PE:

Gen-

MP- 1 2 3 4

Den- Y N

Neck-

CV- M G

Chest-

Abd-

Ext-

# CPAP Follow Up

Pulmonary Associates (Template Sx.Sleep.PAP.FU, ver 1.2)

Ass:

➤ Compared to before CPAP, your sleep with CPAP is:

dramatically better  somewhat better  unchanged  worse

➤ How many nights per week do you use CPAP?

None  0-3  4-5  5-6  every night

➤ How many hours per night do you wear CPAP?

None  0-2  3-4  5-6  all night

➤ Problems with CPAP include: (Check any that apply)

None  mask issues  nasal symptoms  leaks  insomnia  dry mouth

pressure too high  pressure too low  remove mask without realizing

➤ Check if you have any of the following symptoms despite using your CPAP device:

snoring  palpitations  night sweats  night time urination  leg jerks

restless legs  nightmares  frequent arousals

➤ Check if you have any of the following daytime symptoms:

excessive sleepiness  fatigue  shortness of breath  irritability  long naps

Plan: