

# Pulmonary History (Template Sx.Pulm.New, ver1.1)

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

Referring Physician: \_\_\_\_\_

What symptoms or concerns prompted this evaluation? \_\_\_\_\_

## Please clarify your smoking history:

- I have never smoked  I quit smoking; Years smoked \_\_\_\_\_ Packs per day \_\_\_\_\_  
 Current smoker; Aged started \_\_\_\_\_ Packs per day \_\_\_\_\_  Second hand smoke exposure

## Please check any pulmonary symptoms that apply:

- cough  shortness of breath  wheezing  coughing up blood  chest pain  
 sputum production  breathing problems during sleep  chest wall pain  
 chest tightness  Other \_\_\_\_\_

## Have you ever been diagnosed with any of the following?

- abnormal CXR or CT of chest  COPD  asthma  sarcoid  lung cancer  TB  HIV

## Are your pulmonary symptoms aggravated by any of the following?

- smoke  strong odors or smells  changes in weather  changes in season  
 physical activity  exposures at work  eating/drinking  fluid retention  
 medication (specify) \_\_\_\_\_  
 Other \_\_\_\_\_

## Have you ever taken any of the following medicines?

- ACE Inhibitors for BP (e.g. Lisinopril, Enalapril, \*pril)  Amiodarone for heart rhythm  
 Methotrexate  Nitrofurantoin/Macrodantin/Macrobid for frequent UTI  Bleomycin  
 Chemotherapy  Gold  Aspirin  NSAIDS (e.g. Ibuprofen, Motrin, Aleve, etc.)  
 Beta blockers

## Review of Systems Pulmonary Associates (Template Sx.Pulm.ROS)

Please check any of the following symptoms which apply to you:

### ➤ CONSTITUTIONAL

- Fever  Chills  Sweats  Weight Gain  Weight loss

### ➤ HENT

- Headaches  Post nasal drip  Nasal Congestion  Nasal discharge

### ➤ RESPIRATORY

- Shortness of breath  Wheezing  Cough  Sputum production  
 Hoarseness  Coughing up blood  TB Exposure  Chest wall pain

### ➤ SLEEP

- Snoring  Insomnia  Daytime sleepiness

## OFFICE USE ONLY:

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

HPI:

PE:

Gen-

MP-1 2 3 4

Den- Y N

Neck-

CV- M G

Chest-

Abd-

Ext-

## Medications

