

HISTORY QUESTIONNAIRE (PULMONARY)

Patient Name: _____

Date: _____

SPECIAL PROBLEMS OR SYMPTOMS

1. Please describe any special problems or symptoms you would like to discuss with the doctor today.

2. How long have you had this problem? _____

3. Have you ever seen a doctor for this problem? _____ Yes _____ No

IF YES: a. How did the doctor diagnose your problem? _____

b. How did the doctor treat your problem? _____

c. Did this treatment help you? _____ Yes _____ No

GENERAL SCREEN

4. Are you allergic to any medications, foods or other substances?

_____ Yes _____ No IF YES, what? _____

5. List all medications you are currently taking:

<u>NAME OF MEDICATION</u>	<u>DOSAGE</u>	<u>DIRECTIONS FOR USE</u>	<u>STARTED</u>
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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6. When is the last time you had a physical examination? _____

7. List all illnesses (serious and chronic), and all hospitalizations, starting with the most recent. (Women: Do not list normal pregnancies.)

<u>Mo/Yr</u>	<u>Illness/Hospitalization/Operation</u>	<u>Complications</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. List the following information for your family:

	<u>AGE (if living)</u>	<u>ILLNESSES</u>	<u>CAUSE OF DEATH/AGE</u>
Mother	_____	_____	_____
Maternal Grandmother	_____	_____	_____
Maternal Grandfather	_____	_____	_____
Father	_____	_____	_____
Paternal Grandmother	_____	_____	_____
Paternal Grandfather	_____	_____	_____
Brother	_____	_____	_____
Brother	_____	_____	_____
Sister	_____	_____	_____
Sister	_____	_____	_____
Children	_____	_____	_____
	_____	_____	_____
	_____	_____	_____