

**HEALTH HISTORY**

(CONFIDENTIAL)

NAME:

TODAY'S DATE:

BIRTH-DATE:

PRIMARY CARE DOCTOR:

HAVE YOU ATTENDED A PULMONARY REHABILITATION PROGRAM?

**CURRENT SYMPTOMS (✓)**

NOTES:

SHORTNESS OF BREATH (SOB)
PERSISTENT COUGH/PHLEGM/BLOOD
WHEEZING
PAIN DISCOMFORT/TIGHTNESS IN CHEST
UNABLE TO SLEEP LYING FLAT
WAKING UP FROM SLEEP WHEEZING OR SOB
WEIGHT LOSS/LOSS OF APPETITE
SNORING
RAPID/SLOW/IRREGULAR HEARTBEAT
SWELLING OF ANKLES OR POOR CIRCULATION
HAY FEVER/SINUS PROBLEMS
HOARSENESS/DIFFICULTY SWALLOWING
OTHER

**CONDITIONS (✓) THOSE WHICH YOU HAVE OR HAVE HAD IN THE PAST AND CIRCLE**

SARCOID	CANCER
BLOOD CLOT TO LUNG/IN LEGS	HEART DISEASE
COLLAPSED LUNG	POLIO / MULTIPLE SCLEROSIS / ALS
PLEURISY	ANEMIA
BRONCHIECTASIS / CYSTIC FIBROSIS	DIABETES
COPD/ASTHMA/EMPHYSEMA/CHRONIC BRONCHITIS	HIGH/LOW BLOOD PRESSURE / STROKE
PNEUMONIA	RHEUMATOID ARTHRITIS
TUBERCULOSIS / + TB SKIN TEST	THYROID PROBLEMS
HYPERVENTILATION	HIATAL HERNIA / PEPTIC ULCER / GE REFLEX
VOCAL CORD PARALYSIS	SKELETAL DEFORMITY

NOTES:

**HEALTH HABITS**

SMOKING			ALCOHOL	
PRESENT	YEARS SMOKED		SOCIALLY	QUANTITY _____
QUIT	YEARS QUIT		DAILY	QUANTITY _____
NEVER	SECONDARY EXPOSURE		NEVER	

**SOCIAL**

HOBBIES:

EMPLOYMENT HISTORY

PETS:

TRAVEL TO A FOREIGN COUNTRY:

**CHECK (✓) CIRCLE THOSE YOU H AVE HAD REPEATED / LONG-TERM EXPOSURE TO:**

ASBESTOS	ISOCYANATES/OTHER CHEMICAL FUMES
REDWOOD, OAK, CEDAR, MAHOGANY DUST	BARLEY, GRAIN, SILAGE, HAY
MAPLE BARK, PINE OR SPRUCE PULP	BIRD DROPPINGS

OTHER:

NAME:

DATE:

MEDICATION	DOSAGE	FREQUENCY	ALLERGIES: DRUG, FOOD, ENVIRONMENT

**EPWORTH SLEEPINESS SCALE**

Use the following scale to chose the most appropriate answer for each of the following statements.

- 0 = would NEVER doze
- 1 = SLIGHT chance of dozing
- 2 = MODERATE chance of dozing
- 3 = HIGH chance of dozing

- 1. Sitting and reading \_\_\_\_\_
- 2. Watching TV. \_\_\_\_\_
- 3. Sitting inactive in a public place. \_\_\_\_\_
- 4. As a passenger in a car for an hour without break. \_\_\_\_\_
- 5. Lying down to rest in the afternoon when able. \_\_\_\_\_
- 6. Sitting and talking to someone. \_\_\_\_\_
- 7. Sitting quietly after a lunch without alcohol. \_\_\_\_\_
- 8. In a car while stopped for a few minutes in traffic. \_\_\_\_\_

FAMILY HISTORY					(✓) IF ANY BLOOD RELATIVE HAS HAD ANY OF THE FOLLOWING	
RELATION	AGE	STATE OF HEALTH	AGE OF DEATH	CAUSE OF DEATH	ALPHA 1 ANTI TRYPSINE	NOTES:
FATHER					DIABETES	
MOTHER					CANCER	
BROTHER					KIDNEY DISEASE	
					ARTHRITIS	
					HEART DISEASE	
					STROKE / HIGH BLOOD PRESSURE	
SISTERS					MENTAL ILLNESS . DEPRESSION	
					ASTHMA / HAYFEVER / ECZEMA	
					CHRONIC LUNG DISEASE	
					THYROID DISEASE	
GRANDFATHER						
GRANDMOTHER						

HOSPITALIZATION			SURGERIES		
YEAR	LOCATION	REASON / OUTCOME	YEAR	LOCATION	REASON / OUTCOME

DESCRIBE ALL SERIOUS ACCIDENTS, SEVERE INJURIES, HEAD INJURY, FRACTURE OF BROKEN BONES

(INCLUDE DATE OCCURED):  NONE

PHYSICIAN SIGNATURE:

DATE:

SIGNATURE:

REVIEWED BY:

DATE:

DATE: