Pulmonary Questionnaire

KAISER PERMANENTE®

(Patient label here – office use)

Please describe your main lung or breathing concern today:

_____

Please answer the following questions.

Do you have a **cough?** ☐Yes ☐No If yes, do you cough anything up? ☐Yes ☐No

If yes, describe what you are coughing up: _____ Do you cough up blood? ☐Yes ☐No

Do you have a problem with acid reflux (heartburn)? ☐Yes ☐No

Do you have a problem with sinus or post-nasal drip? ☐Yes ☐No

Shortness of breath:

How far can you walk without having to stop due to shortness of breath? _____

Do you wheeze? ☐Yes ☐No Can you lie flat at night to sleep? ☐Yes ☐No

Do you get chest pain when you exercise or work hard? ☐Yes ☐No

Other history:

Place of birth: _____ Have you traveled out of the country recently? ☐Yes ☐No

If yes, where did you travel to? _____

Do you have a history of, or have you been exposed to, tuberculosis (TB)? ☐Yes ☐No

If yes, please explain: _____

Do you have any pets or other animals? ☐Yes ☐No If yes, please describe: _____

Have you ever smoked anything besides cigarettes? ☐Yes ☐No If yes, what and for how long?_____

Have you been in the hospital because of breathing problems? ☐Yes ☐No

If yes, please describe: _____

Please list your jobs and any exposure to asbestos, fumes, toxins, heavy metals, grinding, solvents, etc.:

Job or hobby:	Dates:	Dust/fume exposure and symptoms, if any:

Review of symptoms - *Please check any of the following that you've had within the last 30 days.*

Constitutional:
_____ Fever
_____ Night sweat
_____ Weight loss
_____ Weight gain

Eyes/Ears/Nose/Throat:
_____ Changes in vision
_____ Trouble swallowing
_____ Neck lump or mass
_____ Persistent hoarseness

Cardiovascular:
_____ Palpitations, rapid heart rate
_____ Ankle or leg swelling

Neurologic:
_____ Dizziness, lightheadedness

Gastrointestinal:
_____ Nausea or vomiting
_____ Abdominal pain
_____ Diarrhea
_____ Blood in stool
_____ Heartburn, acid reflux

Genitourinary:
_____ Blood in urine

Musculoskeletal:
_____ Joint pain, swelling
_____ Muscle pain or weakness

Skin:
_____ New skin lump
_____ Rash

DO NOT SEND FOR SCANNING