

Family History, please check below:

Medical Condition	Mom	Dad	Sister	Brother	Child
Alcoholism					
Arthritis					
Asthma					
Bleeding Disorder					
Cancer, Breast					
Cancer, Colon					
Cancer, Melanoma					
Cancer, Lung					
Colon Polyps					
Diabetes					
Eczema					
Hay fever					
Allergies					
Heart Attacks					
High Blood Pressure					
High Cholesterol					
Kidney Disease					
Lupus					
Scleroderma					
Rheumatoid Arthritis					
Stroke					
Tuberculosis					
Clotting Diseases					

Tobacco:

Never smoked:

Former smoker:

Current smoker:

Have you tried to quit smoking:

Began smoking at age: _____ Quit at age: _____ Average packs per day: _____

Alcohol Use:

Never drink alcohol:

I drink alcohol daily:

Number per day: _____

I drink alcohol weekly:

Number per week: _____

I drink alcohol less than once a month:

Number per month: _____

Nausea	Vomiting	Vomiting blood	Hepatitis
Pancreatitis	Jaundice	Diarrhea	Constipation
Bloody stools	Black Stools	Constipation	Hemorrhoids
Recent bowel changes	Pain urinating	Blood in urine	Kidney stones
Bad kidney function	Depression	Suicidal thoughts	Anemia
Bleeding disorder	Transfusions	Anxiety	Insomnia
Snoring	Joint Pain	Joint swelling	Rashes
New lumps	New bumps	Other	
Asbestos exposure	Radiation exposure	Arsenic exposure	Dust exposure
Blood clots to lung	Blood clots in legs	Varicose veins	

Other, please describe: _____

CARDIOPULMONARY REVIEW: Please check and describe if present

I have shortness of breath at rest . I have shortness of breath with exertion . I have shortness of breath dressing myself . I have shortness of breath walking . I have shortness of breath climbing stairs . I have shortness of breath showering or bathing . I have shortness of breath carrying packages or groceries . I have shortness of breath changing my bed linens . I have shortness of breath vacuuming . I avoid certain activities because I am afraid I will become short of breath .

I have a dry cough . I have a productive cough . I cough up white or clear mucus . I cough up yellow or green mucus . My mucus has blood in it . I cough up over 2 tablespoons of mucus a day . When I wake up in the morning, I usually cough up mucus .

I sleep flat at night . I sleep propped up at night . If I do not prop myself up at night, I awaken with shortness of breath . I sometimes awaken at night with shortness of breath . I have ankle swelling . I wake up more than once each night to urinate .

I have chest pain at rest . I have chest pain with activities or exertion . I have chest pain when I take a deep breath . The chest pain happens both at rest and with activities . The chest pain is on the right side of my chest . The chest pain is in the middle of my chest . The chest pain is on the left side of my chest . The chest pain is not limited to any specific area of my chest . The chest pain lasts less than one minute or seconds . The chest pain lasts hours or days . The chest pain lasts several minutes . The chest pain is related to meals . If I stop and rest, the chest pain goes away .

I had asthma as a child . My parents had asthma . My sisters or brothers had asthma . I wheeze following colds . I wheeze on exposure to cats or other animals .

