

PULMONARY HEALTH HISTORY FORM

Name: _____ Birthdate: ___/___/___ Gender: **M / F**

Email address: _____ Occupation: _____

Preferred Pharmacy: _____
Name Street Address Phone

Primary Language: _____ Race: _____ Latino or NOT Latino?
Circle One

GENERAL MEDICAL HISTORY (Please choose as many as necessary)

- Alcoholism
- Allergies/Hayfever
- Anemia
- Anxiety
- Asthma
- Atrial Fibrillation
- Blood Transfusion
- CAD
- Cancer Kind? _____
- Chemotherapy End _____
- Depression
- Diabetes Type 1
- Diabetes Type 2
- Epilepsy
- Fracture
- Gastric Ulcer
- Gastrointestinal Disease
- Gastroesophageal Reflux Disease
- Gestational Diabetes
- Glaucoma
- Kidney Infection
- Kidney Stone
- Migraines
- Multiple Sclerosis
- Myocardial Infarction
- Obesity
- Osteoarthritis
- Osteoporosis
- Pneumonia
- Progressive Neurological Disorder
- Prostate Cancer
- Pulmonary Disease
- Rheumatic Fever
- Rheumatoid Arthritis
- Shingles
- Sleep Apnea
- STD
- Terminal Illness
- Thyroid Disease
- TIA
- Tuberculosis
- Valvular Problems
- Radiation Treatment End _____
- Cardiac Pacer
- Cardiovascular Disease
- CHF
- Chicken Pox
- Cirrhosis
- Colitis
- COPD
- Chronic Renal Failure
- Crohn's Disease
- CVA
- DVT
- Heart Murmur
- Hepatitis
- High Cholesterol
- Hyperlipidemia
- Hypertension
- Hyperthyroidism
- Hypothyroidism
- Insulin Pump
- Joint Pain
- Kidney Disease
- Left Ventricular Systolic Dysfunction

HOSPITALIZATIONS _____

OTHER MEDICAL HISTORY _____

TOBACCO ASSESSMENT

- Smoking Status
- Current Every Day Smoker
 - Current Some Day Smoker
 - Former Smoker
 - Never Smoked
 - Smoker- Current Status Unknown
 - Unknown
- Y N Tobacco User

of Pack Years _____ Smoked for how long? _____ Date quit smoking _____

Name: _____

SOCIAL HISTORY

- Alcohol Use
- Non Drinker
 - Occasional
 - Social Drinker
 - Moderate Consumption
 - Heavy Consumption
 - Recovering Alcoholic
 - Beer Drinker
 - Wine Drinker
 - Never Drank Alcohol
 - Discontinued

- Educational level
- Grades 9-12
 - Technical/Vocational School
 - Junior College
 - Associates Degree
 - Bachelor Degree
 - Master's Degree
 - PhD
 - Doctorate

- Caffeine Use
- 0 servings per day
 - Occasional
 - 1+ Servings per day
 - 2+ Servings per day
 - 3+ Servings per day
 - 4+ Servings per day

- Marital Status
- Single
 - Married
 - Divorced
 - Significant Other
 - Widow
 - Widower

Occupation: _____

- Exercise Habits
- Sedentary
 - Moderate <3 x/wk
 - Moderate >3 x/wk
 - Strenuous <3 x/wk
 - Strenuous >3 x/wk

SURGICAL / PROCEDURAL

NO PRIOR SURGICAL HISTORY

- Appendectomy
- Breast Lumpectomy
- Cataract Surgery
- Colectomy
- Subtotal Colectomy
- Cone Biopsy
- D & C

- Endometrial Ablation
- Gall Bladder
- Heart Surgery
- Hemorrhoids
- Hernia
- Hysterectomy
- Joint Replacement
- Laparoscopy

- Mastectomy Right Left
Bilateral
- Myomectomy
- Oophorectomy
- Ostomy
- Splenectomy
- Tonsil / Adenoidectomy
- Tubal Ligation

OTHER SURGICAL HISTORY: _____

PREVENTIVE CARE

Flu Vaccine Date _____
Pneumococcal Vaccine _____
Prevnar 13 _____
Zoster _____

