

PULMONARY MEDICINE PATIENT QUESTIONNAIRE

Date _____ Name _____

DOB _____ Age _____

Referring Physician _____

What problem brings you to see us today?

Have you had any of the following? (Any left blank will be reported in your medical record as negative.)

- | | |
|--|---|
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Cough productive of phlegm |
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Coughing up blood |
| <input type="checkbox"/> Dry cough | <input type="checkbox"/> Wheezing |

MEDICAL HISTORY

Check any of the following illnesses with which you have been diagnosed and provide details in the space provided. Please answer each question. Any left blank will be considered negative in your medical record.

- | | |
|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Blood clot in leg (DVT) |
| <input type="checkbox"/> Cancer (specific type) _____ | |
| <input type="checkbox"/> Cirrhosis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Congestive heart failure (weak heart, enlarged heart) | <input type="checkbox"/> Gallbladder disease |
| <input type="checkbox"/> Coronary artery disease
(angina, heart attack, heart blockages) | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Emphysema or chronic bronchitis | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Gastroesophageal reflux disease (GERD) | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> High blood pressure | |
| <input type="checkbox"/> Peptic ulcer disease (stomach ulcers) | |
| <input type="checkbox"/> Pulmonary embolus (blood clot traveled to lung) | <input type="checkbox"/> Sleep apnea |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Thyroid disease (hyperthyroidism, hypothyroidism) | |

List any other medical illnesses/diagnoses (use back of page if necessary):

Patient Name _____

SURGICAL HISTORY:

List all surgeries you have had in the past and their approximate dates:

MEDICATIONS:

List all medications you currently take. Include dosage and frequency. Please include all inhalers, insulin and over the counter medications.

- 1. _____ Dose _____ Times per day _____ How long _____
- 2. _____ Dose _____ Times per day _____ How long _____
- 3. _____ Dose _____ Times per day _____ How long _____
- 4. _____ Dose _____ Times per day _____ How long _____
- 5. _____ Dose _____ Times per day _____ How long _____

IMMUNIZATION HISTORY:

List approximate date of last immunization. Write N/A if you have never had the immunization.

Influenza "flu shot" _____

Pneumovax "pneumonia shot" _____

Tetanus _____

ALLERGIES: check if no known drug allergies

List any drugs you cannot take and why (rash, swelling, nausea. etc.)

FAMILY HEALTH HISTORY:

	Lung Disease	Heart Disease	Other Illnesses	Cause of Death
Mother	_____	_____	_____	_____
Father	_____	_____	_____	_____
Brother(s)	_____	_____	_____	_____
Sister(s)	_____	_____	_____	_____
Children	_____	_____	_____	_____

Patient Name _____

HABITS:

Did you smoke? Yes No If yes, when did you start? _____

Do you still smoke? Yes No When did you stop? _____

Do you drink any alcohol currently? Yes No

If yes, approximately how much do you drink? _____

Do you have any past history of heavy alcohol use? Yes No

Do you have any history of abusing prescribed or non-prescribed drugs? Yes No

Which substance(s)? _____

Last time used? _____

Have you ever abused IV drugs? Yes No

SOCIAL HISTORY:

Marital status: Single Married Divorced Widowed

How many children do you have? _____

Who should be contacted in case of an emergency? _____

Relationship _____ Phone Number _____

What is your occupation now or prior to retirement? _____

How long at occupation? _____

Have you been exposed to any of the following at work?

Asbestos

Bird Feathers

Silica (sand, sandblasting)

Coal Dust

Chemicals (provide details) _____

Review of Systems:

Please check if you have had any of the following symptoms or findings recently. Please answer each question. Any left blank will be considered negative in your medical record.

Yes No General / Constitutional

- Chills
 Fever
 Weight gain
 Weight loss

Yes No Ophthalmologic

- Diminished visual activity

Yes No ENT

- Nose / Throat problems
 Nosebleed
 Sinus pain
 Snoring
 Sore throat
 Swollen glands

Yes No Respiratory

- Cough
 Coughing up blood / Hemoptysis
 Shortness of breath
 Shortness of breath at rest.
 Shortness of breath with exertion.
 Sputum production
 Wheezing

Yes No Cardiovascular

- Chest pain
 Chest pain at rest.
 Chest pain with exertion.
 Palpitations / irregular heart beat

Yes No Gastrointestinal

- Abdominal pain
 Blood in stools
 Constipation
 Heartburn
 Nausea
 Vomiting
 Reflux

Yes No Hematology

- Bleeding problems
 Easy bruising
 Swollen glands

Yes No Genitourinary

- Blood in urine
 Difficulty urinating
 Painful urination

Yes No Musculoskeletal

- Painful joints
 Weakness

Yes No Neurologic

- Dizziness
 Headache
 Seizures

Yes No Psychiatric

- Anxiety
 Depressed mood

I personally reviewed all the systems listed above. _____ Signature _____ Date _____

APPOINTMENT CANCELLATION POLICY

MANA Pulmonary Medicine requires a 24-hour notice of cancellation of appointments. Please note there will be a **\$50.00 fee** charged to the patient if the appointment is not canceled 24-hours prior.

I have read and understand this policy.

PRINT NAME: _____ D.O.B.: _____

PATIENT SIGNATURE: _____ DATE: _____

HOME PHONE # _____ CELL PHONE # _____



Preparing for your Pulmonary Function Test

What is a pulmonary function test?

Pulmonary function testing measures how well you are breathing. There are different types of breathing tests that can be done during pulmonary function testing. They include spirometry, lung volumes and diffusing capacity. Spirometry can show how much air you can breathe in and out. It also shows how fast you can breathe in and out. Lung volumes can provide further information about how your lungs are functioning. Diffusing capacity can show how well your lungs move oxygen from the lungs to the blood. There are also airway challenge tests that assist your doctor in determining the presence or absence of asthma. The results of pulmonary function testing can help your doctor find the best treatment plan for you.

How do you get ready for the test?

Please follow these directions when getting ready for this test. These medicines will affect the results of some of these tests and need to be stopped before the testing is done. If the medicine is not stopped before the test, we will not be able to complete the test.

Stop these inhaled medicines for 24 hours before your appointment:

- Advair® (fluticasone and salmeterol)
- Symbicort® (budesonide and formoterol)
- Dulera® (mometasone and formoterol)
- Breo® (fluticasone and vilanterol)
- Arcapta (indacaterol)
- Foradil® (formoterol)
- Serevent® (salmeterol)
- Tudorza® (aclidinium)
- Brovana® (arformoterol)
- Perforomist™ (formoterol)
- Spiriva® (tiotropium)
- Striverdi® (olodatarol)
- Anora® (umeclidinium and vilanterol)

Stop these inhaled medicines for 6 hours before your appointment:

- Atrovent® (ipratropium),
- Combivent® (albuterol and ipratropium)
- DuoNeb® (albuterol and ipratropium)

Stop these inhaled medicines for 4-6 hours before your appointment:

- Proventil HFA®
- Ventolin HFA® ProAir® (albuterol)
- Xopenex® (levalbuterol)

Continue to take all your other medicine as you usually do.

Please call the MANA Pulmonary Lab if you have any questions – 479-582-7216.

MANA NORTH HILLS CAMPUS

www.mana.md | 479-571-6780

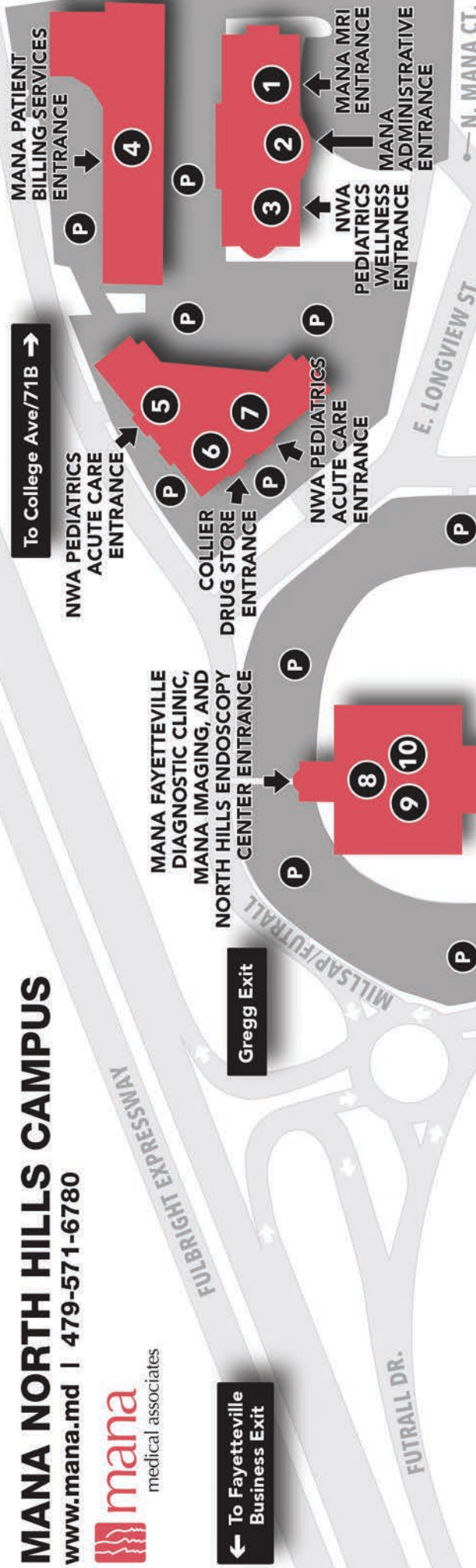


medical associates

← To Fayetteville Business Exit

Gregg Exit

To College Ave/71B →



N. WIMBERLY DRIVE

E. LONGVIEW ST.

N. MANA CT.

E. MONTE PAINTER DR.

N. NORTH HILLS BLVD.

FULBRIGHT EXPRESSWAY

FUTRALL DR.

E. MONTE PAINTER DR.

RENAISSANCE WOMEN'S HEALTHCARE

MANA FAYETTEVILLE DIAGNOSTIC CLINIC, MANA IMAGING, AND NORTH HILLS ENDOSCOPY CENTER ENTRANCE

NWA PEDIATRICS ACUTE CARE ENTRANCE

COLLIER DRUG STORE ENTRANCE

NWA PEDIATRICS ACUTE CARE ENTRANCE

NWA PEDIATRICS WELLNESS ENTRANCE

MANA MRI ENTRANCE
MANA ADMINISTRATIVE ENTRANCE

MANA PATIENT BILLING SERVICES ENTRANCE

BUILDING LEGEND

- 1** MANA MRI
3383 N Mana Ct #102 | Fayetteville, AR 72703
- 2** MANA Administrative Office
3383 N Mana Ct #201 | Fayetteville, AR 72703
- 3** Northwest Arkansas Pediatrics Wellness Clinic (Blue)
3383 N Mana Ct #101 | Fayetteville, AR 72703
- 4** MANA Patient Billing Services
237 E. Millsap, Suite #5 | Fayetteville, AR 72703
- 5** Northwest Arkansas Pediatrics Acute Care II
3380 N Futrall Dr. | Fayetteville, AR 72703
- 6** Collier Drug Store
3380 N Futrall Dr. #2 | Fayetteville, AR 72703
- 7** Northwest Arkansas Pediatrics Acute Care 1 & Walk-in Clinic (Red)
3380 N Futrall Dr. | Fayetteville, AR 72703
- 8** North Hills Endoscopy Center
3344 N Futrall Dr #3 | Fayetteville, AR 72703
- 9** MANA Imaging (CT, Ultrasound, Bone Density, X-ray)
3344 N Futrall Dr. | Fayetteville, AR 72703
- 10** MANA Fayetteville Diagnostic Clinic
3344 N Futrall Dr. | Fayetteville, AR 72703
- 11** Renaissance Women's Healthcare
3302 N North Hills Blvd | Fayetteville, AR 72703

LEGEND

P Parking



W. APPLBY RD.