

Pulmonary/Lung Disease Questionnaire

Name Male Female Age _____ Date of Birth _____

Tobacco Use No Cigarettes Other tobacco _____ Date quit? _____

State _____ Amount of Insurance _____ Type of Insurance _____

Occupation/Source of income: _____

1. Type of lung disease: _____

Asthma- Date diagnosed: _____ Chronic Bronchitis (COPD)- Date diagnosed: _____

Emphysema- Date diagnosed: _____ Restrictive lung disease- Date diagnosed: _____

2. Have you been hospitalized for a lung disease? NO Yes- Details: _____

3. What were your last pulmonary function test results? None performed

Last pulmonary function test results- Date: _____ FVC% _____ FEV1% _____

4. Have you had any abnormalities on: Chest x-rat EKG Stress EKG- Details _____

5. Current medication (including inhalers) or treatments for lung condition? _____

General Questions:

1. Do you have any other major health problems? No Yes – Details: _____

2. List all medications: _____

3. Height: _____ Weight: _____ Most recent blood pressure reading: _____

Agent Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____