



New/ Updated Patient Intake Questionnaire

LAST NAME:

FIRST NAME:

MI:

DATE OF BIRTH:

SSN:

EMAIL:

GENDER/RACE:

MARITAL STATUS:

ADDRESS:

PHONE (Cell/Text):

ALT PHONE:

MEDICATIONS:

ALLERGIES:

MEDICAL HISTORY:

SURGICAL HISTORY:

FAMILY HISTORY:

EXPOSURE TO BIRDS/ CHICKENS/ ASBESTOS/ SILICA/ COAL DUST:

HAVE YOU EVER SMOKED?: YES NO

AGE/YEAR WHEN YOU STARTED SMOKING:

AGE/YEAR WHEN YOU QUIT SMOKING (if applicable):

HIGHEST NUMBER PACKS PER DAY EVER SMOKED:

PHARMACY NAME/LOCATION:

I have reviewed the provided paperwork and consents in my folder today. As such:

YES NO I authorize electronic prescriptions to be sent to my pharmacy.

YES NO I authorize LUNG CARE to view external prescriptions via the medical record system.

YES NO I authorize LUNG CARE to perform televisits when deemed necessary.

PATIENT SIGNATURE:

DATE:

**Form 06012024

REVIEW OF SYSTEMS:

GENERAL

- Weight Loss
- Fevers
- Chills
- Night sweats that drench sheets
- Fatigue/ Lethargy

HEENT

- Nosebleeds
- Seasonal Allergies/Hayfever
- Tonsil/Adenoid Removal
- Hoarseness
- Swollen Tongue

NECK

- Thyroid Disease
- Goiter
- Swollen lymph glands

CARDIOVASCULAR

- Chest Pain
- Congestive Heart Failure
- Palpitations
- Atrial Fibrillation
- Hypertension
- Heart Attack
- Fainting
- Waking up Gasping for Air
- Propping on Pillows to Breathe
- Swelling of the legs and feet

GASTROINTESTINAL

- Heartburn/Reflux
- Difficulty swallowing
- Stomach Ulcers /Bleed
- Cirrhosis of Liver
- Hepatitis

PULMONARY/CHEST

- Shortness of breath while walking
- Shortness of breath while showering/ getting dressed
- Shortness of breath while sitting

- still
- Coughing phlegm
- Coughing blood
- Pneumonia
- Blot clot in lungs
- Pulmonary Hypertension
- "Spot on the lung"
- Asthma
- Chronic Bronchitis
- Emphysema/ COPD
- Wheezing

INFECTIOUS DISEASES

- Exposure to TB
- Positive TB Skin Test
- HIV/ AIDS
- STD

MUSCULOSKELETAL

- Joint Swelling
- Joint Stiffness
- Lupus
- Rheumatoid Arthritis
- Psoriasis
- Back Pain
- Pain in Hands

GENITOURINARY

- Blood in urine
- Bladder Infection
- Nephritis
- Kidney Stones
- Prostate Problems (Men Only)
- Miscarriage (Women Only)

SLEEP

- Snoring
- Sleep Apnea
- CPAP/BIPAP
- Difficulty sleeping
- Daytime Sleepiness

HEME/ONCOLOGY

- Anemia (low blood)
- Easy Bruising/Bleeding
- Cancer
- Blood clots in legs/ lungs
- Cancer

- Lump in breast

NEUROLOGIC

- Headaches/ Migraines
- Stroke/ TIA
- Nerve Damage
- Memory Loss
- Convulsions, Seizures

HEALTH MAINTENANCE

Flu Shot Date:

Pneumonia Shot Date:

