Jackson Pulmonary
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Pulmonary Medicine Medical History Form

Patient Name_____ **Date**_____ **Age**_____

DRUG ALLERGIES

_____ _____

_____ _____

Are you allergic to contrast dye, iodine, or shellfish? Yes or No

HOSPITALIZATIONS

Date	Reason	Where

FAMILY HISTORY

Have any members of your family had the following:

	Father	Mother	Siblings	Children	Grandparents
Heart Disease	❑	❑	❑	❑	❑
Hypertension	❑	❑	❑	❑	❑
Chronic Bronchitis	❑	❑	❑	❑	❑
Emphysema	❑	❑	❑	❑	❑
Pneumonia	❑	❑	❑	❑	❑
Tuberculosis	❑	❑	❑	❑	❑
Asthma	❑	❑	❑	❑	❑
Allergies	❑	❑	❑	❑	❑
Cancer	❑	❑	❑	❑	❑

PAST MEDICAL HISTORY

❑ Asthma
❑ Chronic Obstructive Pulmonary Disease
❑ Emphysema
❑ Chronic Bronchitis
❑ Allergies/Hay Fever
❑ Pneumonia
❑ Tuberculosis
❑ Recurrent Pulmonary Infections
❑ Other Respiratory Disorders
❑ Chest pain
❑ Pleurisy
❑ Shortness of Breath
❑ Chronic Cough
❑ Coughing up Blood
❑ Fever/Night Sweats
❑ Sinus Infection
❑ Gastroesophageal Reflux
❑ Scarlet Fever
❑ Rheumatic Fever
❑ Hepatitis
❑ Peptic Ulcer
❑ Diabetes
❑ Gout
❑ Heart Murmur
❑ Heart Palpitations
❑ Hypertension
❑ Congestive Heart Failure
❑ Depression
❑ Nervousness
❑ Chronic Rashes
❑ Chronic Obesity
❑ Snoring
❑ Insomnia
❑ Weight Change
❑ Cancer
❑ Wheezing
❑ Headaches

HABITS

Smoke: Packs Daily _____
How Long? _____
When Stopped? _____
Exercise Routine: _____
Coffee: Cups Daily _____
Other Caffeine _____
Alcohol: Type/Amount _____

PRESENTING SYMPTOMS

❑ Cough_____
Onset _____Duration _____
Type _____Time of Day _____
Sputum _____ Color_____
How Much Do You Cough Up?_____
❑ Shortness of breath when lying down, exertion, or sitting
❑ Chest Pain
❑ Swelling of the hands or feet
❑ Wheezing
❑ Reduced activity level
❑ Discoloration of Nailbeds or Lips

EPWORTH/SLEEP

How likely are you to doze off or fall asleep?
Please use the following scale to answer the phrase below:

0 *Would never doze*
1 *Slight chance of dozing*
2 *Moderate chance of dozing*
3 *High chance of dozing*

____ Sitting and Reading
____ Watching television
____ Sitting inactive in a public place
____ While a passenger in a car without a break
____ Lying down to rest in the afternoon when circumstances permit
____ Sitting and talking to someone
____ Sitting quietly after a lunch without alcohol
____ In a car, while stopped in traffic for a few minutes
____ **Epworth Score**

Occupational Exposures_____