

Lewis Gale Physicians Pulmonary Department

Please fill out and bring to your first appointment

Date _____

Last Name _____ **First** _____ **Middle** _____

Reason you were sent: _____

Drug Allergies: _____

Medical Problems: _____

Past Surgeries: _____

Medications: (current including birth control pills, sleeping pills and over the counter drugs)

1. _____ 9. _____

2. _____ 10. _____

3. _____ 11. _____

4. _____ 12. _____

5. _____ 13. _____

6. _____ 14. _____

7. _____ 15. _____

8. _____ 16. _____

Immunizations: Last Flu Shot _____ Last Pneumonia Vaccine _____ Last TB skin test _____

Personal History:

Smoking History: aged started ____ age quit ____ packs per day ____ pipe bowls per day ____ cigars per day ____

Alcohol History: type of alcohol _____ amount per day _____ Number of years _____

Hobbies: _____

Pets: _____

Military Experience: _____

Occupational History: _____

Family History

Age

State of Health

Cause of Death

Father			
Mother			
Brother (s)			
Sister (s)			
Children			

Circle any other problems in the Family.

Cancer (type of cancer) _____ Diabetes High Blood Pressure Stroke Asthma Heart Attack
 Tuberculosis Emphysema Blood Clots Sleep Apnea Pulmonary Fibrosis

Review of systems: Review the list below and circle any that describes a problem that you are having or have had.

Fever Chills Sweats Weight Loss Change in Appetite Snoring Excessive Daytime Sleepiness
 Sinus or Nasal Congestion Vision Changes Hearing Changes Shortness of Breath Wheezing
 Coughing Producing Sputum (color _____) Blood in Sputum Chest Pain Palpitations Racing Heart Beats
 Swelling in Legs or Arms Nausea Vomiting Diarrhea Constipation Blood in Stool Black or Tarry Stools
 Liver Problems Reflux/Ulcers
 Arthritis Joint Swelling Muscle Aches Muscle Cramps Joint Pain Stroke Seizures Loss of Consciousness
 Headaches Poor Memory Poor Balance Hot or Cold Intolerances Easy Bruising Easy Bleeding Anemia
 Cancer Depression Anxiety Suicidal Thoughts

Physician Notes :

Impression: _____

Plan/Orders: _____

