



HEALE MEDICAL

Patient Name: _____ DOB: _____ Date of Service: _____.

Section 1 - Past Medical History

What other Medical Diseases do you have (circle)

- High Blood Pressure
- High Cholesterol
- Diabetes
- Heart Disease
- Heart attack
- Atrial Fibrillation
- Asthma
- COPD
- Sarcoidosis
- Lung cancer
- Obstructive Sleep Apnea
- Cancer
- Allergic Rhinitis
- Thyroid disorder
- Liver Disease, Cirrhosis
- GERD or Heartburn
- Anemia
- Chronic kidney disease
- Depression
- Anxiety
- Osteoporosis
- Stroke or TIA
- Multiple Sclerosis
- Others – List:

- Any surgeries -

Section 2 – Social History and Allergies

Have you ever smoked cigarettes? Yes No

If yes: Do you smoke now? Yes No

If so: At what age did you start smoking? _____

How many packs a day do you smoke/d? _____

At what age did you stop smoking? _____

Are you working now? Yes No

What is your occupation?

Have you ever been exposed to asbestos or dust or strong fumes at work? Yes No (describe)

Do you keep animals at home? Yes No

If any, what kind?

Do you drink alcohol? Yes No

Approximately how many drinks of alcohol do you drink in a day or week? _____

Vaccination History –

Last Influenza vaccine ? -

Last Pneumonia Vaccine ? –

Allergies – Environment and Medications:

Section 3 – Family History

What diseases runs in your family? (Circle, describe and indicate relative/s)

COPD or Emphysema

Asthma

Other Lung Disease

Lung Cancer

Pulmonary Embolism

DVT

Sarcoidosis

Scleroderma

Lupus

Heart Disease

Stroke

Diabetes

Hypertension

Cancer

Others (list)

Section 4 – Review of Systems

Have you experienced any of these over the past 3 months ?

Shortness of Breath

Cough

Wheezing

Coughing up blood

Nose or sinus problems including hay fever

Nasal congestion

Post-nasal drip

Snoring

Sleepiness in the daytime

Fever, sweats, chills

Chest pain

Irregular or rapid heartbeats

Heartburns/Indigestion

Nausea or Vomiting

Abdominal pain

Constipation or Diarrhea

Difficulty swallowing or regurgitation

Ear Aches

Eye irritation or dry eyes

Double vision

Weight loss more than 5lbs

Swelling at ankles

Fingers turn white and painful in cold

Joint pains or muscle aches

Back or neck pain

Headaches

Unusual dizziness, faintness or loss of consciousness

Numbness or weakness of part of your body

Painful or frequent urination

Rash

Seizures

Anxiety

Depression

Easy bleeding or bruising

Others – Please list