

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)



CLIENT NAME: _____

Submit the Client Information Questionnaire with this form

1. What is the type of lung disease?
 chronic bronchitis
 emphysema
 restrictive lung disease
 asthma

2. Please list date when first diagnosed: _____

3. Has your client ever been hospitalized for this condition?
 yes; please give details _____

 no

4. Has your client ever smoked?
 yes, and currently smokes _____ (amount/day)
 yes, smoked in the past but quit _____ (date)
 never smoked

5. Is your client on any medications? (accurate name, dosage, and reason; include inhalers)?

6. Have pulmonary function tests (a breathing test) ever been done?
 yes; please give most recent test results _____

 no

7. Please note client's build:
Height _____ Weight _____

8. Does your client have any abnormalities on an ECG or X-ray?
 yes; please give details _____

 no

9. Does your client have any other major health problems (heart disease, etc.)?
 yes; please give details _____

 no