

LUNG DISEASE



CLIENT NAME: _____

Submit the Client Information Questionnaire with this form

1. Type of lung disease:
☐ Interstitial lung disease; type _____
☐ Chronic bronchitis
☐ Emphysema
☐ Asthma
2. List date when first diagnosed: _____
3. Was a biopsy done? ☐ yes ☐ no
4. Has client improved since diagnosis? ☐ yes ☐ no
5. Has client ever been hospitalized for this condition?
☐ yes; please give details _____
☐ no
6. Has client ever smoked?
☐ yes; currently smokes _____ (amount/day)
☐ yes; smoked in the past but quit _____ (date)
☐ never smoked
7. Have pulmonary function tests (breathing test) ever been done?
☐ yes; give most recent test results _____
☐ no
8. Does client have any abnormalities on an ECG or X-ray?
☐ yes; give details _____
☐ no
9. Is client on any medications (include inhalers, steroids)? (accurate name, dosage, and reason)
10. Does client have any other health issues? (additional questionnaires may be required)