breathe @WOOLCOCK

# PFT MEDICAL HISTORY QUESTIONNAIRE

**NAME**: _____ **DATE**: _____

| | | |
|---|---|---|
| The main reason for your consultation is? | ☐ Asthma<br>☐ Emphysema<br>☐ Shortness of breath<br>☐ Cough<br>☐ Other, _____ | |
| **Past History** | | |
| Do you currently smoke ? | ☐ No ☐ Yes | |
| Have you ever been a smoker? | ☐ No ☐ Yes, _____ years<br>_____ cigarettes per day | |
| Have you had any lung function tests performed in the past? | ☐ No ☐ Yes | |
| If so, where and when? | | |
| **Medication** | **Name** | **Dose** |
| | | |
| | | |
| | | |
| | | |
| **Have you had:** | | |
| A heart attack in last 6 weeks | ☐ No ☐ Yes | |
| Unstable angina | ☐ No ☐ Yes | |
| Abdominal or thoracic surgery in the last 6 weeks | ☐ No ☐ Yes | |
| Eye surgery in the last 3 months | ☐ No ☐ Yes | |
| Chest infection in the last 2 weeks | ☐ No ☐ Yes | |
| Coughed up blood in the last week | ☐ No ☐ Yes | |
| Collapsed lung in the last 2 weeks | ☐ No ☐ Yes | |
| History of aortic, cerebral, abdominal aneurysm | ☐ No ☐ Yes | |
| Recent severe acute asthma | ☐ No ☐ Yes | |
| Anaphylactic shock | ☐ No ☐ Yes | |
| Females; are you pregnant ? | ☐ No ☐ Yes | |
| Uncontrolled hypertension: systolic blood pressure >200 mmHg or diastolic pressure >120 mmHg | ☐ No ☐ Yes | |
| Are you currently infectious with: | | |
| Tuberculosis | ☐ No ☐ Yes | |
| Hepatitis B | ☐ No ☐ Yes | |

Woolcock Institute of Medical Research
431 Glebe Point Road
Glebe NSW 2037

P 02 9114 0000 or 02 9114 0007
F 02 9114 0010 or 02 9114 0465
E breathe@woolcock.org.au
W www.woolcock.org.au