

**Comprehensive Sleep & Pulmonary Practice**

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**CONFIDENTIAL HEALTH HISTORY**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reason for visit:**

\_\_\_\_\_

**ALLERGIES:**

\_\_\_\_\_

**Please list the symptoms you currently have:**

- 1.
- 2.
- 3

**Medical History: check ( ) the medical conditions you have or have had in the past.**

AIDS/HIV       Glaucoma       Psychiatric Care       Wake up short of breath

Tonsillitis       TB       Use of Prednisone

Arthritis       Heart Disease       Rheumatoid Arthritis       Asthma

Heart Surgery       Reflux       Oxygen use

Blood Clots       Hepatitis       Sarcoidosis     

\_\_\_ Leg       High BP       Sleep Apnea

\_\_\_ Lung       Kidney disease       Stroke     

Bronchitis       Liver Disease       Thyroid Problems

Cancer       Lung Surgery       Cough     

Chem Depend       Lupus       Cough with phlegm

COPD       Narcolepsy       Cough with blood     

Diabetes       Pacemaker       Snoring

Emphysema       Pneumonia       Wake up choking     

**Surgery / Hospitalizations:**

Date:                  Reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Date \_\_\_\_\_

**Family History: (parents, siblings) Specify**

- Cancer \_\_\_\_\_
- Asthma \_\_\_\_\_
- COPD \_\_\_\_\_
- Sleep apnea \_\_\_\_\_
- Heart Disease \_\_\_\_\_
- High Blood Pressure \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Stroke \_\_\_\_\_
- Blood Clots \_\_\_\_\_
- 
- 

**Social History:**

**Exposure:**

- Coal Dust
- Dust / Fumes / Chemical
- Asbestos - where

Drug Use Yes \_\_\_\_\_ No \_\_\_\_\_

Caffeine Yes \_\_\_\_\_ No \_\_\_\_\_

Alcohol Yes \_\_\_\_\_ No \_\_\_\_\_

**Tobacco:** Currently smoke Y/N Non-smoker Y/N Ex-smoker Y/N

Average # of packs per day \_\_\_\_\_ # years smoked \_\_\_\_\_

Age started smoking? \_\_\_\_\_ Age stopped smoking? \_\_\_\_\_

**Dates of Following:**

**Flu Vaccine :**

**Chest X-ray/CT: (where)**

**Pneumonia Vaccine:**

**List of current Medications:**

1.

2.

3.

4.

5.