



1028 FORUM ROAD • BROUSSARD, LA 70518 • PHONE 337.704.0891 • FAX 337.704.0924

## Pulmonary Function/Spirometry Questionnaire

Employee Information			
<b>Patient Name:</b>		<b>DOB:</b>	<b>Date:</b>
<b>B/P:</b>	<b>Pulse:</b>	<b>Height:</b>	<b>Weight:</b>
Questionnaire			
1. Do you smoke?		<b>YES NO</b>	
If yes, have you smoked today?		<b>YES NO</b>	
2. Do you have asthma or other lung disease now or in the past?		<b>YES NO</b>	
If yes, have you used a breathing medicine in the last 6 hours?		<b>YES NO</b>	
Name of the medicine(s):			
3. Do you have a history of high or low blood pressure?		<b>YES NO</b>	
If yes, is it controlled?		<b>YES NO</b>	
Do you take medicine for blood pressure control?		<b>YES NO</b>	
Has your medicine changed in the last 30 days?		<b>YES NO</b>	
4. Do you have heart disease- blockage, skip beats or valve problem?		<b>YES NO</b>	
If yes, is it controlled?		<b>YES NO</b>	
Do you take medicine for your heart problem(s)?		<b>YES NO</b>	
Name of the medicine(s):			
5. Have you had a head cold or sinus infection in the last week?		<b>YES NO</b>	
6. Have you had an ear infection in the last week?		<b>YES NO</b>	
7. Have you had surgery (including dental) in the last 60 days?		<b>YES NO</b>	
If yes, what was the surgery?			
8. Do you get dizzy or short of breath walking up an incline?		<b>YES NO</b>	
9. Have you ever done a pulmonary function or spirometry test?		<b>YES NO</b>	
If yes, were you told it was abnormal or normal?		<b>NL ABNL</b>	
<b>Are there other things you want us to know before pulmonary function/spirometry testing?</b>			