

PLAZA MEDICAL & DIAGNOSTIC, P.C.
752 Park Avenue
Huntington, NY 11743

Pulmonary Rehabilitation Program

PARTICIPANT HEALTH HISTORY QUESTIONNAIRE

Please complete the following and bring with you for review during your scheduled evaluation.

Name _____			
Address _____			
Street	City	State	Zip
Phone: Home(____) _____ - _____ Business(____) _____ - _____			
Physician's Name(s): _____			
Phone: (____) _____ - _____		FAX(____) _____ - _____	
Address _____			
Street	City	State	Zip
Emergency Contact: _____ (____) _____ - _____			
Name		Phone	

1. How long ago did you first develop a problem with your lungs and breathing?
Please describe the problem.

2. Do you have other medical conditions i.e. diabetes, arthritis, heart disease, thyroid problems, stomach problems, high blood pressure, alcoholism?

3. Do you feel that you are under a great deal of stress? If yes, explain.

4. Do you become short of breath easily or frequently? What will bring about the symptom of shortness of breath?

5. A) Are you currently working? If so, what do you do and for how long have you been doing this type of work? If not, are you retired and what was your previous occupation(s)?

B) Are you on a fixed income? _____

6. What physical activity are you currently doing at home and at work?

7. Are you currently smoking? Have you smoked regularly in the past? If yes, for how long and how much did you smoke?

8. What do you hope to accomplish in this program? What is it that you are not doing now that you would like to be able to do?

9. What would you most like to learn from this program?

10. Please list any/all allergies.

11. Please list all medications and their dosages that currently are prescribed for you and/or that you are taking.
