



# Bay Area Chest Physicians

Please fill out the sections below to help us with your medical management.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Referring Dr: \_\_\_\_\_ Primary Care Dr: \_\_\_\_\_

List Medications & Supplements You Take: (attach list if necessary)

Medication	Dose	Frequency

List Any Medications You Are Allergic to:

Medication you are allergic to	Reaction to that medication

List Any Personal Cancer History You Have Had:

Location & Type	Year of Diagnosis

Social History:	Vaccine History:
Are you a Current Smoker Y N Packs a day #	Year of last Flu Vaccine
Are you a Former Smoker Y N Packs a day #	Year of last pneumonia Vaccine
Age you started Age you Quit	# Covid vaccines have you had
Vape or E-Cigs Y N	
Do you smoke, vape or use Marijuana Y N	
Exposure to Asbestosis Y N Coal Dust Y N	

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

Have you had any of the following?

Medical History:	Response:	Surgical History:	Year:
Covid-19	Y or N	List any surgery you have had	Document year of Surgery
Pneumonia	Y or N		
Bronchitis	Y or N		
Asthma	Y or N		
TB	Y or N		
COPD	Y or N		
Emphysema	Y or N		
Pulmonary Fibrosis	Y or N		
Bronchiectasis	Y or N		
MAC	Y or N		
Pulmonary Hypertension	Y or N		
Lung Cancer	Y or N		
Pulmonary Embolism	Y or N		
Pleural Effusion	Y or N		
Sjogren's Syndrome	Y or N		
Scleroderma	Y or N		
Muscular Dystrophy	Y or N		
Cystic Fibrosis	Y or N		
Raynaud's Syndrome	Y or N		
Sleep Apnea Using Pap Device	Y or N Y or N	<b>Family HX:</b>	<b>Age of death, any major health conditions and cause of death:</b>
Narcolepsy	Y or N	Father: Alive or Deceased	
Insomnia	Y or N	Mother: Alive or Deceased	
Hypertension	Y or N	Sibling: Alive or Deceased	
Coronary Artery Disease	Y or N	Children: Alive or Deceased	
Congestive Heart Failure	Y or N	G.Parents: Alive or Deceased	
Atrial Fib	Y or N		
Pacemaker	Y or N		
DVT	Y or N		
High Cholesterol	Y or N		
GERD	Y or N		
Ulcers	Y or N		
Diabetes	Y or N		
Thyroid Disease	Y or N		
Lupus	Y or N		
Myasthenia Gravis	Y or N		
ALS	Y or N		
Stroke or TIA	Y or N		
Seizures	Y or N		
Arthritis RA or Osteo	Y or N		