

**PULMONARY & CRITICAL CARE CONSULTANTS OF AUSTIN, LLP**  
**ESTABLISHED PATIENT FORM**

**PRE-APPOINTMENT QUESTIONNAIRE**

Name: \_\_\_\_\_ Age \_\_\_\_\_ Today's date: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

To help us get the most out of today's visit, please answer the following questions:

1. **What is your main purpose in coming to our office today?** (If you have a new complaint, indicate how long it has been present, what it feels like, what makes it better or worse, and what you are concerned the problem might be.)
- Regular follow-up
- New problem? Explain: \_\_\_\_\_

2. **Respiratory:** Do you have cough?  Yes  No
- Do you have phlegm?  Yes  No What color? \_\_\_\_\_
- Is there any blood?  Yes  No
- Are you short of breath?  Yes  No Does it occur at rest?  Yes  No
- Does it occur with walking?  Yes  No Climbing flight of stairs?  Yes  No
- How far can you walk on level ground before you are winded? \_\_\_\_\_

3. **Since your last visit, have you had?** (Answer "yes" by circling the appropriate symptom.)

**Constitutional symptoms:** fever, weight loss, weight gain, extreme fatigue, decreased appetite, pain  None

**Ears, nose, mouth, throat:** sore throat, nasal drainage, nasal congestion, hoarseness, mouth lesions  None

**Cardiovascular:** chest pain, palpitations, chest tightness, ankle/leg swelling, difficulty breathing lying down  None

**Gastrointestinal:** heartburn, indigestion  None

**Skin:** rash, bruising, hives  None

**Neurological:** headache, snoring, daytime sleepiness, weakness  None

**Musculoskeletal:** joint pain, muscle weakness, swelling  None

**Psychiatric:** depression, anxiety, difficulty sleeping  None

**Hematologic:** unusual bruising or bleeding  None

1. **Since your last visit have you developed any new drug allergies?**  Yes (list below)  No

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2. **Since your last visit do you have any new medical problems or hospitalizations?**

Yes (list below)  No

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3. **Since your last visit do you have any new medicines or change in dosage?**

Yes (list below)  No

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4. **Since your last visit has anything new come up in your family history?**

(For example, have any of your blood relatives recently developed new medical problems?)

Yes (list below)  No

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Signature

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Physician