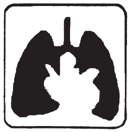


Georgia Pulmonary Group
Georgia Sleep Specialists
Pulmonary Disease, Sleep Disorders & Critical Care Medicine
1800 Tree Lane, Suite 200, Snellville, GA 30078 • 770-979-0367
500 Medical Center Blvd., Suite 160, Lawrenceville, GA 30045 • 770-237-2480

Welcome to Pulmonary & Sleep Disorders Medicine. We are happy to be able to see you today for the acute medical problem that is currently bothering you. We do, however, encourage you to maintain a relationship with your primary care physician as we are specialists in pulmonary & sleep medicine only.

ATTENTION NEW PATIENTS - PLEASE BRING A LIST OF YOUR MEDICATIONS WITH YOU TO YOUR APPOINTMENT

Name:___________________ **Date of birth:**__________ **Place of birth:**__________ **Date:**__________

Occupation: Working (Current occupation)____________________ ☐ Student ☐ Homemaker

Retired (Former occupation)____________________ ☐ Disabled ☐ Unemployed

PAST MEDICAL HISTORY (check if appropriate):

Yourself
- ☐ Alpha-1 Antitrypsin deficiency
- ☐ Arthritis
- ☐ Asthma
- ☐ Blood clots
- ☐ Blood transfusion
- ☐ CAD
- ☐ Cancer
- ☐ CHF
- ☐ Chronic bronchitis
- ☐ COPD
- ☐ Diabetes
- ☐ Emphysema

Yourself
- ☐ Heart Attack
- ☐ Hepatitis
- ☐ Hiatal Hernia
- ☐ High blood pressure
- ☐ HIV infection
- ☐ Insomnia
- ☐ Lung disease
- ☐ Lung mass
- ☐ Lupus
- ☐ Narcolepsy
- ☐ Osteoporosis
- ☐ Other heart disease

Yourself
- ☐ Pneumonia
- ☐ Renal disorders
- ☐ Restless Legs Syndrome
- ☐ Rheumatic fever
- ☐ Sarcoidosis
- ☐ Scleroderma
- ☐ Seizure disorder
- ☐ Sleep apnea
- ☐ Snoring
- ☐ Stroke
- ☐ Thyroid disease
- ☐ Tuberculosis
- ☐ Ulcers

FAMILY MEDICAL HISTORY (check if appropriate):

Family member
- ☐ Alpha-1 Antitrypsin deficiency
- ☐ Arthritis
- ☐ Asthma
- ☐ Blood clots
- ☐ CAD
- ☐ Diabetes
- ☐ Emphysema
- ☐ Heart Attack

Family member
- ☐ High blood pressure
- ☐ Lung disease
- ☐ Lupus
- ☐ Osteoporosis
- ☐ Renal disorders
- ☐ Sarcoidosis
- ☐ Sleep apnea
- ☐ Stroke

LIST ALL OPERATIONS

Date Hospital Procedure

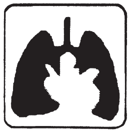
1. ______________________________
2. ______________________________
3. ______________________________

HAVE YOU BEEN ADMITTED TO THE HOSPITAL IN THE LAST TWO YEARS?

Date Reason

1. ______________________________
2. ______________________________
3. ______________________________

LIST ALLERGIES: ______________________________



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CURRENT HABITS: ___I **currently** smoke_____packs per day for____years ___I **never** smoked

___I **formerly** smoked____packs per day for____years ___I quit smoking (when?)_________

___Other tobacco products ____

ALCOHOL CONSUMPTION: _______ # of drinks per (circle one) day/week/month

REVIEW OF SYSTEMS - (check symptoms you have experienced):

CONSTITUTIONAL:
- ☐ change in weight
- ☐ fever/chills
- ☐ night sweats

RESPIRATORY:
- ☐ shortness of breath
- ☐ cough
- ☐ coughing up blood
- ☐ wheezing

CARDIAC:
- ☐ chest pain/discomfort
- ☐ racing/irregular heartbeat
- ☐ ankle swelling
- ☐ aching legs when walking

ALLERGIC:
- ☐ allergies to dust, pollen
- ☐ allergies to animals
- ☐ seasonal hay fever

SLEEP:
- ☐ excessive sleepiness
- ☐ insomnia
- ☐ loud snoring
- ☐ leg pain at night

EYES, EARS, NOSE, THROAT:
- ☐ ringing in ears
- ☐ frequent bloody nose
- ☐ sinus infection
- ☐ hoarseness

GASTROINTESTINAL:
- ☐ nausea/vomiting
- ☐ difficulty swallowing
- ☐ heartburn
- ☐ abdominal pain

NEUROLOGIC:
- ☐ frequent headache
- ☐ numbness/tingling
- ☐ seizures

HEMATOLOGIC:
- ☐ anemia
- ☐ enlarged lymph nodes
- ☐ blood clots

PSYCHIATRIC:
- ☐ anxiety
- ☐ depression
- ☐ drug/alcohol addiction

______________________ ______________ ________________ ____________
Patient Physician Clinical staff member Date

For Clinical Staff

Current Weight ____________________ Current Height ____________________ Neck Size_________________________