

Name: _____ Date _____

Respiratory - Part 1

Primary Complaint: Asthma - Recurrent Bronchitis or Pneumonia - COPD - Emphasema - Smoker's Cough - Other

Instructions: There are five (5) pages of 'Fill-In' pdf forms. Please provide as much information as possible - this is your opportunity to tell me what has been occurring in the past, your current condition as well as concerns you have for your future should this condition continue.

My Chief Complaint is one or more:

Indicate all abnormalities that occur simultaneously with your Chief Complaint:

- | | | | | | |
|-------------------------------------|-------------------------------------|--|--|--|--|
| <input type="checkbox"/> Balance | <input type="checkbox"/> Appetite | <input type="checkbox"/> Blood pressure | <input type="checkbox"/> Energy | <input type="checkbox"/> Addiction | <input type="checkbox"/> Injury (Past) |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Defecation | <input type="checkbox"/> Cardio | <input type="checkbox"/> Libido | <input type="checkbox"/> Attitude change | <input type="checkbox"/> Injury (Recent) |
| <input type="checkbox"/> Smell | <input type="checkbox"/> Digestion | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Menses | <input type="checkbox"/> Behavior change | <input type="checkbox"/> Fertility |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Thirst | <input type="checkbox"/> Skin | <input type="checkbox"/> Semen flow | <input type="checkbox"/> Cravings | <input type="checkbox"/> Weight |
| <input type="checkbox"/> Swallowing | <input type="checkbox"/> Urination | <input type="checkbox"/> Sleep | <input type="checkbox"/> Excess naps | <input type="checkbox"/> Emotions | <input type="checkbox"/> Pain (physical) |
| <input type="checkbox"/> Taste | <input type="checkbox"/> Bleeding | <input type="checkbox"/> Memory | <input type="checkbox"/> Mental function | <input type="checkbox"/> Twitching-Ticks | |
| <input type="checkbox"/> Touch | <input type="checkbox"/> Mucus flow | <input type="checkbox"/> Pain & Emotions | | | |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Swelling | | | | |

Is the current episode the first time this has occurred?

- Yes No, it has occurred _____ prior.
No. of times

When did the Primary Complaint become disruptive to your Activities of Daily Living or caused significant impairment?

_____ *How many days, weeks, months or years ago or the date.*

When did the Primary Complaint or associated symptoms be-gin before the condition became disruptive to your Activities of Daily Living or caused significant impairment?

_____ *Indicate the number of days, weeks, months or years or the date.*

How frequently does the Primary Complaint or associated symptoms interfere with Activities of Daily Living?

_____ *Indicate number of daily in a day or number of days/weeks*

If you have chronic pain, please describe _____

What provides relief to the Primary Complaint? _____

Past or currently do you participate in:

- | | |
|--|---|
| <input type="checkbox"/> Work construction | <input type="checkbox"/> Work agriculture |
| <input type="checkbox"/> Work demolition | <input type="checkbox"/> Work silkscreen |
| <input type="checkbox"/> Spray paint | <input type="checkbox"/> Woodworking |
| <input type="checkbox"/> Work chemicals | <input type="checkbox"/> Auto mechanics |
| <input type="checkbox"/> Petroleum | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Livestock | <input type="checkbox"/> |

Check all current or within 3 months:

- | | |
|--|--|
| <input type="checkbox"/> Cough | <input type="checkbox"/> Inhaler use |
| <input type="checkbox"/> Wheeze | <input type="checkbox"/> Steroid use |
| <input type="checkbox"/> Breathlessness | <input type="checkbox"/> Antibiotics |
| <input type="checkbox"/> Difficult breathing | <input type="checkbox"/> ACE Inhibitors |
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Hayfever |
| <input type="checkbox"/> Nose bleeding | <input type="checkbox"/> Eczema |
| <input type="checkbox"/> Vomit blood | <input type="checkbox"/> GERD or Acid reflux |

- | | | | |
|---------------------------------|-----|----|---------|
| Alpha 1 Anti-trypsin deficient? | Yes | No | Unknown |
| Seen a respiratory specialist? | Yes | No | |
| Chronic anemia? | Yes | No | Unknown |
| Heavy menstruation flow? | Yes | No | Unknown |

If you need to include more information, write it in a MSWord documents and title it with your name and ENT Part 1.
Example: John_Doe_CC_ENT Part 1

Name: _____ Date _____

Use the next four (4) pages to embellish upon the details of your Fatigue and Life Experiences.

Respiratory - Part 2

Primary Complaint: Asthma - Recurrent Bronchitis or Pneumonia - COPD - Emphasema - Smoker's Cough - Other

Instructions: The Day Your Respiration became disruptive to your ADL or caused significant impairment

Please include what was indicated on Part 1 along with details that you were not able to include. It is not necessary to write an essay - write your story in a list format. Keep it in chronological order starting with the morning of and write brief short statements or just a few words. Do the best you can to describe your experience and the relevance or impact.

Please identify the date. This does not have to be an exact calendar date – it can be 'mid-November 2011', or sometime in the summer of 2009, or it might be as specific as the morning of New Year's Day 2012. Then describe the following:

- where you were located when you noticed the problem (or a medical diagnosis that was given),
- how you felt and any pain and/or emotional responses
- what ADL you could not do or what bodily functions were significantly impaired
- the duration of the symptom(s) and characteristics (qualities)
- anything that seemed to make it worsen or improve it
- any observations by other people of your behavior, emotions or physical condition

Date your Respiration or associated symptoms became disruptive to your ADL or caused significant impairment:

If you need to include more information, write it in a MSWord documents and title it with your name and ENT Part 2.
Example: John_Doe_CC_Respiration Part 2

Name: _____ Date _____

Respiration - Part 3

Primary Complaint: Asthma - Recurrent Bronchitis or Pneumonia - COPD - Emphasema - Smoker's Cough - Other

Instructions: Your Life Prior to the Day the Respiration became disruptive to your ADL or caused significant impairment cited in Part 2.

Please include what was indicated on Part 1 along with details that you were not able to include. It is not necessary to write an essay - write your story in a list format. Keep it in chronological order and write brief short statements or just a few words. Do the best you can to describe your experience and the relevance or impact.

- Reflect back to the earliest date when you noticed the Respiration and/or associated symptoms. Please identify the date. It does not have to be an exact calendar date – it can be ‘mid-November 2011’, or sometime in the summer of 2009, or it might be as specific as the morning of New Year’s Day 2012.
- Next, list the events of your life that occurred between that earliest date of symptoms and the day your ENT became disruptive to your ADL or caused significant impairment. These events include:
 travel in or outside the USA or Canada moving your home changing jobs marriage divorce separation
 pregnancy miscarriage abortion death of a friend, relative or pet financial stresses legal matters
 child rearing problems children leaving home for college child custody illness accidents incarceration
 institutionalized natural disaster crime victim domestic violence or abuse substance abuse other
- Any observations by other people of your behavior, emotions or physical condition

Date of earliest recall of Respiration or associated symptoms:

If you need to include more information, write it in a MSWord documents and title it with your name and ENT Part 3.
 Example: John_Doe_CC_Respiration Part 3

Name: _____ Date _____

Respiration - Part 4

Primary Complaint: Asthma - Recurrent Bronchitis or Pneumonia - COPD - Emphasema - Smoker's Cough - Other

Instructions: Your Life 1 year Prior to the Earliest Date you noticed the Respiration or associated symptoms cited in Part 3.

Please include what was indicated on Part 1 along with details that you were not able to include. It is not necessary to write an essay - write your story in a list format. Keep it in chronological order and write brief short statements or just a few words. Do the best you can to describe your experience and the relevance or impact.

- Reflect back 1 year prior to the earliest date when you noticed the Respiration and/or associated symptoms. Please identify the date. It does not have to be an exact calendar date – it can be ‘mid-November 2011’, or sometime in the summer of 2009, or it might be as specific as the morning of New Year’s Day 2012.
- Next, list the events of your life that occurred between that earliest date of symptoms and the day your ENT became disruptive to your ADL or caused significant impairment. These events include:
travel in or outside the USA or Canada moved your home changing jobs marriage divorce separation
pregnancy miscarriage abortion death of a friend, relative or pet financial stresses legal matters
child rearing problems children leaving home for college child custody illness accidents incarcerated
institutionalized natural disaster crime victim domestic violence or abuse substance abuse other
- Any observations by other people of your behavior, emotions or physical condition

Date 1 year prior to the earliest recall of the Respiration or associated symptoms:

If you need to include more information, write it in a MSWord documents and title it with your name and ENT Part 4.
Example: John_Doe_Respiration Part 4

Name: _____ Date _____

Respiration - Part 5

Primary Complaint: Asthma - Recurrent Bronchitis or Pneumonia - COPD - Emphasema - Smoker's Cough - Other

Instructions: Your Symptoms and Actions since the day your Respiration or associated symptoms became disruptive to your ADL or caused significant impairment cited in Part 2.

Please include what was indicated on Part 1 along with details that you were not able to include. It is not necessary to write an essay - write your story in a list format. Keep it in chronological order and write brief short statements or just a few words. Do the best you can to describe your experience and the relevance or impact.

- Describe to best of you abilities the chronological sequences of the following starting from the Day the Respiration or associated symptoms became disruptive to your ADL or caused significant impairment through to today. Include the following:
 - changes of the symptoms over time (duration, intensity, improvements, worsening, etc)
 - the actions you have employed to treat the problem via MD, ND, DO, DC, LAc, PT and other therapists as well as home remedies. Include the diagnosis, therapies, medications and natural remedies (herbs, homeopathy, nutritional) that have been used. Include any and all improvements or worsening of the problem/condition due to any of the actions you employed.
- Include the events of your life that occurred during this tme period. These events include:
 travel in or outside the USA or Canada moved your home changing jobs marriage divorce separation
 pregnancy miscarriage abortion death of a friend, relative or pet financial stresses legal matters
 child rearing problems children leaving home for college child custody illness accidents incarcerated
 institutionalized natural disaster crime victim domestic violence or abuse substance abuse other
- Any observations by other people of your behavior, emotions or physical condition

Symptoms and Actions since the Respiration or associated symptoms became disruptive to ADL or causative to significant impairment:

If you need to include more information, write it in a MSWord documents and title it with your name and ENT Part 5.
Example: John_Doe_Respiration Part 5