

General Medical Assessment



Lung
Foundation
Australia
when you can't breathe... nothing else matters®

Name: _____ MRN: _____

Contact details: _____

Age: _____ D.O.B: _____ Female/Male _____

Referrer: _____

GP: _____ Respiratory specialist: _____

Primary diagnosis

Medical History/comorbidities:

Cardiac?	Vascular?	Cancer?	Mental?
Neuro?	Musculoskeletal?	Renal?	Other?
Metabolic?	Orthopaedic?		

Medications:

Delivery devices: _____ Oral care: _____ Flu vaccine: _____

Pneumococcal vaccine: _____ Action plan: _____

Respiratory history:

Respiratory infections: _____ Exacerbations / year: _____

Hospitalisations / year: _____

Smoking history: _____

Oxygen therapy:

Nocturnal: _____ L/min _____ Hr / day

Continuous: _____

NIV: _____

Lung function:

Parameter: _____ Measured: _____ % Predicted _____

FEV₁: _____

FVC: _____

FEV₁ / FVC: _____



Height: _____ metres Weight: _____ kg

BMI (weight / height [m²]): _____

Current exercise program at home:

Musculoskeletal / neurological limitations to exercise:

Medical History/comorbidities:

Dyspnoea: _____ Chest pain/dizziness/ Impaired hearing: _____ Continenence issues: _____

Sleep issues: _____ palpitations: _____ Impaired speech: _____ Weight changes: _____

Wheeze: _____ Impaired swallow: _____ Impaired vision: _____

Cough/Sputum:

Daily cough: _____ Irritable/productive: _____ Sputum quantity: _____

Sputum colour: _____ Sputum consistency: _____ Sputum clearance method: _____
(see chart)

Mobility & ADL's

Aids: _____ History of falls: _____

Stairs at home: _____ Difficulty with completing ADL's: _____

Physical Activity/Exercise tolerance:

Exercise tolerance (time/distance before needing rest): _____ Stairs: _____

Hills: _____ Other limitations to exercise: _____

Previously attended Pulmonary Rehabilitation/Cardiac Rehabilitation: _____

Psychosocial concerns

Cognition/mood

Impaired memory: _____ Impaired cognition: _____ History of panic attacks: _____

Social situation:

ETOH use: _____ Lives: _____ Transport: _____

Social services at home: _____ Hobbies/work: _____

