

PULMONARY CLINIC--NEW PATIENT INFORMATION

| Date: | | | | |
|------------------------------------------------|-------------|------------------|---------|-----------------------------------------------|
| Name: | DOB: | | | |
| Primary Care Physician (Po | CP): | | | |
| City: | Phon | e#: | | |
| Are you allergic to any me | dications? | Yes | No | If yes, please list: |
| | | | | |
| **PLEASE BRI | | RRENT I POINT | | CATION LIST TO YOUR |
| | <u> </u> | I OII(II | VILLI | <u>· </u> |
| | | | | |
| Health Maintenance: | | | | |
| (If known, please indicate t | the month/y | ear in w | hich yo | ou last had any of the following) |
| Flu Vaccine: | Pneumo | nia Vacc | ine: | Tetanus Booster: |
| Pulmonary Function: | Bone De | ensity Te | st: | |
| | | | | |
| Have you completed an Ad If yes, when & where? | lvance Dire | ctive or l | POLST | Γ form? Yes or No |

Do you currently or have you ever experienced any of the following:

| YES | or NO | | |
|-------|--------------------------------|-----|--------------------------|
| | Allergies (Seasonal) | | Home Oxygen Use |
| | Allergy Iodine or Contrast dye | | Hormone Problems |
| | Allergy to Aspirin/ibuprofen | | Irregular Heart Rhythm |
| | Altered Menses | | Kidney Disease |
| | Anemia | YES | S or NO |
| | Anxiety | | Mood Swings |
| | Arthritis | | Nasal Congestion |
| | Asthma | | Night Sweats |
| | Bleeding Problems | | Nosebleed |
| | Blood Disease/Blood Clots | | Numbness/Tingling |
| | Breast Problems | | Pacemaker/AICD |
| | Cancer | | Pain |
| | Chest Pain | | Pain w/Chewing |
| | Chronic Lung Diseases | | Postnasal Drip |
| | Cough/Wheezing | | Phlegm Production |
| | Coughing Blood | | Restless Legs/Leg Cramps |
| | CPAP/BiPAP Use | | Ringing in Ears |
| | | | Seizures |
| YES o | or NO | | Sjogren 's syndrome |
| | Depression | YES | S or NO |
| | Diabetes | | ☐ Shortness of Breath |
| | Chronic Diarrhea | | Sleep Apnea |
| | Dizziness/Fainting | | ☐ Snoring |
| | Unexplained Fevers | | Stroke |
| | Fractures | | Swallowing Problems |
| | Headaches | | Swelling |
| | Hearing Loss | | Swollen Glands |
| | Heart Attack | | Thyroid Disease |
| | Heart Palpitations | | Ulcers |
| | Heartburn/GERD | | Blood in urine |
| | Hepatitis | | Urinary Issues |
| | High Blood Pressure | | Weakness |
| | | | Weight loss/Gain >10lbs |

| Have you had any surgeries? | Yes | No | if yes, please explain/dates: | — |
|-----------------------------|-----|----|-------------------------------|---|
| | | | | |

Family History:

Do you have any family history of the following: (If so please circle and list who in your family was affected)

- Asthma
- Lung Disease
- Rheumatologic or autoimmune disease, such as lupus or rheumatoid arthritis
- Cancer
- Blood clotting problems, such as DVT or PE

Substance History:

| Do you drink alcohol? Yes | No If yes, h | ow many dri | nks do you average per wee | èk? |
|---------------------------------------------------------------------------------------------------|---------------------|---------------|----------------------------|-----|
| Have you ever used any illicit droother) either inhaled or intraveno Yes No If yes, please expla | ously? | , cocaine, he | roin, methamphetamines, | |
| Have you ever smoked Cigare | ttes Cigars | Pipes | Do you currently smoke? | ? |
| Yes No | | | | |
| How old were you or what year o | lid you start sn | noking? | Month and y | ear |
| you quit? | | | | |
| How many cigarettes/cigars/pipe | s per day do/di | id you averag | ge? | |

General information:

| Why are you being referred to the pulmonary clinic? |
|-------------------------------------------------------------------------------------------------------------------------------------|
| Do you have lung disease? Yes No If yes, what is your diagnosis? |
| When were you diagnosed? |
| Have you ever been exposed to fumes, dust of chemicals on the job or while participating in a hobby? Yes No If yes, please explain: |
| Have you traveled outside the United States in the past 2 years? Yes No If yes, where and for how long? |
| Do you have any reason to believe you have been exposed to (check all that apply): HIV Tuberculosis (TB) |
| Have you ever been tested for TB? Yes No If yes, when?was the TB test Positive or Negative |
| Do you have pets? Yes No Type of pet(s)? |
| Have you ever owned birds? Yes No |
| Do you live in a (please check): House Apartment Other: |
| Do you have (please check all that apply): Carpet Hardwoods Linoleum |
| Tile |
| How old is the building you live in (approximately): |
| Any reasons to believe you have asbestos or mold in your dwelling? |
| What kind of heating system do you have in your home? |
| Do you have or use an indoor hot tub or Jacuzzi? Yes No |
| Social History: |
| Do you currently work? Yes No If yes, what do you currently do for work? |
| What type of work have you done in the past? For how |
| long? |
| Why did you stop? |

Legacy Medical Group

Welcome to Legacy Medical Group - Pulmonary! We are glad you have chosen our clinic for your pulmonary healthcare needs.

We are a comprehensive group of medical professionals consisting of physicians and a nurse practitioner. Our team of pulmonary specialists has a rich and diverse background in pulmonary medicine giving our practice a wealth of unique expertise to meet your health care needs. We are pleased to offer services to adult patients with the following concerns:

- Asthma and wheezing
- Chronic Obstructive Pulmonary Disease (COPD) and chronic bronchitis
- Pneumonia
- Cough
- Exercise-induced shortness of breath
- Sleep-related disorders
- Lung nodules and masses
- Pulmonary Fibrosis and interstitial lung disease

- Lung disease related to connective tissue disease
- Pulmonary complications from neuromuscular disease
- Abnormal Chest-XRAYS/CAT scans
- Abnormal Pulmonary Function Tests (PFT's)
- Pulmonary Arterial Hypertension (PAH)
- Lung cancer
- Smoking-related lung disease and stop smoking services

We strive to provide you with excellent, state of the art medical care. We remember that you are more than just a patient and we are committed to provide you with individualized and compassionate care. We believe in treating every patient just as we would treat a member of our own family.

We utilize a "shared practice" model. Shared practice means that as a group of medical providers, we share responsibility for your care. Although you will have a designated primary pulmonary specialist within our clinic, you may occasionally receive care from other providers within the practice if your primary provider is unavailable, or if you are admitted to the hospital.

We ask that you arrive 20 minutes prior to your appointment start time, to allow time for check-in and for our Medical Assistants to room you. At times, you may have in clinic testing that may require you to come earlier than your scheduled appointment time.

As a courtesy to patients waiting to be seen, we ask that you please call at least 48 hours in advance if you need to cancel your appointment.

Again, we are pleased you have chosen us for your respiratory needs.

Thank you,

The Legacy Pulmonary Clinic, Providers and Staff



Legacy Medical Group

Pulmonary Late Patient Policy

Legacy Medical Group – Pulmonary has initiated a -late patient policy as of September 1, 2011. Please expect the following standards:

- You will be asked to arrive 20 minutes prior to your office visit to allow time for check-in at the front desk, as well as time for the medical assistant to obtain your vital signs, review your medications, allergies, and preferred pharmacy
- If you have testing to do in the office, you will be asked to arrive an additional 20 minutes prior to your check-in time

Failure to arrive at your scheduled arrival time may result in your appointment being rescheduled.

If you need to cancel your office visit, please call the scheduling line at (503-413-5702) 48 hours prior to your appointment.

If you do not show up for your scheduled appointment, arrive late or fail to cancel your appointment within the appropriate time frame, you may be asked to find a new pulmonary provider, outside of the LMG – Pulmonary group.

If you have any questions about this policy, please ask to speak with the manager. Thank you in advance for understanding and for helping LMG – Pulmonary Clinic provide the best care we can for you.

