

Lung Health Check

Are you:-

[Please circle appropriately]

Over 35 years	Yes	No
Sex of patient	M	F
Height of Patient (m)		
Current smoker/ ex-smoker	Yes	No
• If yes - How many years?		
• How many cigarettes per day?		
Does patient suffer from frequent coughing?	Yes	No
Does patient produce sputum frequently?	Yes	No
Do you suffer from breathlessness?	Yes	No
Do you currently use any inhaled medication?	Yes	No

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