

# Respiratory questionnaire - Physician

Full name of applicant:

Application number:

1. Which respiratory disorder(s) does/did your patient suffer from?

2. Please comment on the severity of the disorder and advise how defined, e.g. frequency/intensity of symptoms, PEF between exacerbations, response to treatment, etc.?

3. Frequency of symptoms:

a) When did the symptoms first present?

b) How many attacks have there been in the last twelve months?

c) When was the last attack reported?

4. Are you aware of any specific factor(s) which may precipitate attacks?  
If YES, please provide details.

Yes  No

5. Is there any limitation of functional capacity or exercise tolerance?  
If YES, please provide the details including severity, or in what way restricted.

Yes  No

6. Medical care:

a) Please provide the dates and results of any pulmonary function tests.

b) Please provide the dates and results of any other investigations i.e. chest x-rays, etc..

c) Please provide details of current treatment. Include names of medication, dosage, frequency and how well your patient responds to treatment.

d) If treatment has changed in the last two years, give details of how changed and why.

e) Have oral steroids ever been prescribed?  
If YES, please provide the date, dosage and duration of treatment.

Yes  No

f) Has your patient ever been hospitalised due to the condition?  
If YES, please provide full details including dates, duration and treatment.

Yes  No

7. Please advise dates and durations of any time off work due to the disorder in the last two years.

8. Does your patient smoke or have they done so in the last two years?  
If YES, please provide any known details.

Yes  No

9. Please comment on any other factors which may influence the prognosis of your patient's respiratory condition, such as co-morbid conditions, influence of occupation, environmental factors, etc.

Signature

Date

Please print name and add clinic stamp