

## Georgia Pulmonary Group Georgia Sleep Specialists

Pulmonary Disease, Sleep Disorders & Critical Care Medicine  
1800 Tree Lane, Suite 200, Snellville, GA 30078 • 770-979-0367  
500 Medical Center Blvd., Suite 160, Lawrenceville, GA 30045 • 770-237-2480

Welcome to Georgia Pulmonary Group. We are happy to be able to see you today for the acute medical problem that is currently bothering you. We do, however, encourage you to maintain a relationship with your primary care physician as we are specialists in pulmonary & sleep medicine only.

**ATTENTION NEW PATIENTS - PLEASE BRING A LIST OF YOUR MEDICATIONS WITH YOU TO YOUR APPOINTMENT**

**Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_ **Place of birth:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Occupation:** Working (Current occupation) \_\_\_\_\_  Student  Homemaker  
Retired (Former occupation) \_\_\_\_\_  Disabled  Unemployed

**PAST MEDICAL HISTORY (check if appropriate):**

Yourself

- Alpha-1 Antitrypsin deficiency
- Arthritis
- Asthma
- Blood clots
- Blood transfusion
- CAD
- Cancer
- CHF
- Chronic bronchitis
- COPD
- Diabetes
- Emphysema

Yourself

- Heart Attack
- Hepatitis
- Hiatal Hernia
- High blood pressure
- HIV infection
- Insomnia
- Lung disease
- Lung mass
- Lupus
- Narcolepsy
- Osteoporosis
- Other heart disease

Yourself

- Pneumonia
- Renal disorders
- Restless Legs Syndrome
- Rheumatic fever
- Sarcoidosis
- Scleroderma
- Seizure disorder
- Sleep apnea
- Snoring
- Stroke
- Thyroid disease
- Tuberculosis
- Ulcers

**FAMILY MEDICAL HISTORY (check if appropriate):**

Family member

- Alpha-1 Antitrypsin deficiency
- Arthritis
- Asthma
- Blood clots
- CAD
- Diabetes
- Emphysema
- Heart Attack

Family member

- High blood pressure
- Lung disease
- Lupus
- Osteoporosis
- Renal disorders
- Sarcoidosis
- Sleep apnea
- Stroke

**LIST ALL OPERATIONS**

<u>Date</u>	<u>Hospital</u>	<u>Procedure</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**HAVE YOU BEEN ADMITTED TO THE HOSPITAL IN THE LAST TWO YEARS?**

<u>Date</u>	<u>Reason</u>
1. _____	_____
2. _____	_____
3. _____	_____

**LIST ALLERGIES:** \_\_\_\_\_

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Georgia Sleep Specialists**

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**CURRENT HABITS:** \_\_\_ I **currently** smoke \_\_\_ packs per day for \_\_\_ years \_\_\_ I **never** smoked  
\_\_\_ I **formally** smoked \_\_\_ packs per day for \_\_\_ years \_\_\_ I quit smoking (when?) \_\_\_\_\_  
\_\_\_ Other tobacco products \_\_\_\_\_

**ALCOHOL CONSUMPTION:** \_\_\_\_\_ # of drinks per (circle one) day / week / month

**REVIEW OF SYSTEMS - (check symptoms you experienced):**

**CONSTITUTIONAL:**

- change in weight
- fever/chills
- night sweats

**RESPIRATORY:**

- shortness of breath
- cough
- coughing up blood
- wheezing

**CARDIAC:**

- chest pain/discomfort
- racing/irregular heartbeat
- ankle swelling
- aching legs when walking

**ALLERGIC:**

- allergies to dust, pollen
- allergies to animals
- seasonal hay fever

**SLEEP:**

- excessive sleepiness
- insomnia
- loud snoring
- leg pain at night

**EYES, EARS, NOSE, THROAT:**

- ringing in ears
- frequent bloody nose
- sinus infection
- hoarseness

**GASTROINTESTINAL:**

- nausea/vomiting
- difficulty swallowing
- heartburn
- abdominal pain

**NEUROLOGIC:**

- frequent headache
- numbness/tingling
- seizures

**HEMATOLOGIC:**

- anemia
- enlarged lymph nodes
- blood clots

**PSYCHIATRIC:**

- anxiety
- depression
- drug/alcohol addiction

\_\_\_\_\_  
Patient Physician Clinical staff member Date

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For Clinical Staff

Current Weight \_\_\_\_\_ Current Height \_\_\_\_\_ Neck Size \_\_\_\_\_