

2. ILLNESSES (Continued)

	Yes	No	
8. Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	
9. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
10. Eczema	<input type="checkbox"/>	<input type="checkbox"/>	
11. Cancer (specify)	<input type="checkbox"/>	<input type="checkbox"/>	
12. Allergies (specify)	<input type="checkbox"/>	<input type="checkbox"/>	
13. Heart (specify)	<input type="checkbox"/>	<input type="checkbox"/>	
14. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

B. Have you ever undergone surgery to your chest, nose, sinuses, or upper abdomen? Yes No

If yes, why _____ when _____

3. FAMILY HISTORY

A. Have any family members suffered from any condition(s) listed in 2A (previous page)? If so, indicate below

Relationship	Condition(s)

4. MEDICAL TREATMENT

A. List occasions on which you visited physician(s) for your current respiratory condition. Attach a separate sheet if necessary.

Physician's name, address and telephone number	Reason	Treatment/Test date(s) <small>(Year / Month / Day)</small>

B. Are you currently taking any medication? (prescribed or "over the counter") Yes No

Name of Medication	Prescribing Doctor

5. LIFESTYLE - Smoking

A. Have you ever smoked cigarettes?

If yes, How many per day? _____

When did you start? _____

Quit? At what age? _____

Have you ever smoked a pipe or cigar on a regular basis? Yes No

6. SYMPTOMS

A. Coughing

Do you cough? Yes No If yes, when? _____

B. Sputum

i) How many times do you bring up phlem per day? _____

ii) What colour is it? _____

iii) Is it ever bloody? Yes No

iv) Thick or Thin

C. Do you have chest pain? Yes No

If yes, i) Where on the chest? _____

ii) What does it feel like? _____

iii) What makes it worse? _____

iv) What makes it better? _____

D. Do you have shortness of breath? _____

If yes, what are you doing at the time? _____

E. Wheezing

When you breathe, is it noisy? Yes No

If yes, in what situations does it happen? _____

Comments

I, the claimant, declare the above information to be true and correct to the best of my knowledge

Date:

Name (please print):

Signature: