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PULMONARY FUNCTION TEST WORKSHEET

Last _____ First _____ M.I. _____

Company _____ Age _____

Birthdate ____/____/____ Last 4 Social Security # XXX/XX/_____

Please indicate by checking the appropriate box(es) in the following:

Tobacco History		
<input type="checkbox"/> Never smoked	<input type="checkbox"/> Quit smoking (Year) _____	<input type="checkbox"/> Current smoker: ____ packs/day ____ Years
On The Day Of Examination:		
<input type="checkbox"/> I ate a large meal less than an hour ago	<input type="checkbox"/> I've had a respiratory infection in the last 3 weeks	<input type="checkbox"/> I smoked less than an hour ago
<input type="checkbox"/> I've had chest or abdominal surgery in the last 3 months	<input type="checkbox"/> I used breathing medication in the last 4 hours	<input type="checkbox"/> I am presently wearing tight or restrictive clothing
<input type="checkbox"/> I currently have a respiratory infection such as flu or cough	<input type="checkbox"/> I've had a chronic (ongoing) cough every day for the past 2 months	<input type="checkbox"/> I have the following allergies _____ _____

Your Signature _____ **Date** _____

Height _____ Weight _____ Blood Pressure _____ Pulse _____

	Actual	Predicted	Percent
FVC			%
FEV1			%

Comments:

Examiner's Signature _____