



QUESTIONNAIRE FOR "AT RISK" RESPIRATORY PATIENTS

Date of Assessment: _____

Patient Name: _____ Physicians Name: _____

Check the answer that applies to the question below:

1. Have you ever been diagnosed with Bronchiectasis? Yes No
2. Have you ever been diagnosed with COPD? Yes No
3. Have you had a persistent cough for the 6 continuous months? Yes No
4. Do you have the inability to clear out secretions? Yes No
5. Are you currently being treated by a Pulmonologist? Yes No
 - a. If so, what is their name: _____

Additional Comments:

Name of person completing survey: _____

Relationship to person: _____

Date form completed _____

Credentials of who completed phone assessment: _____

Notes: _____

Further recommendations:
