**Lung Health** Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1 - About Me**

Name

Birth Year Gender

**2 – My Body Reference Range BMI**

Height cm Optimal: 18.5-24.9

Weight kg High Risk: <18.5 or

BMI kg/m2 > 30

RR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Usual RR:** 12-20bpm

**3 – My Breathing** (circle):Chest / Diaphragm / Accessory muscles

**4- My Lung Conditions (circle Y or N)**

Asthma (childhood/adult/exercise induced) Y/N

COPD Y/N

Allergies Y/N

Sleep apnea Y/N

Lung infection in last 12 months Y/N

**5 – My Symptoms** (circle all that apply):

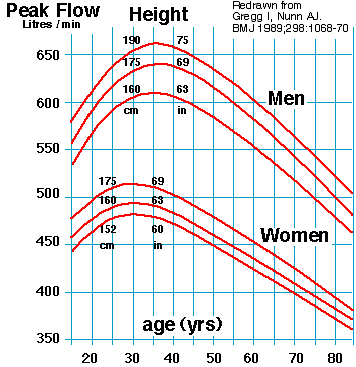
Shortness of Breath / Wheeziness / Pain with Breathing

Persistent Cough / Voice Hoarseness / Snoring

Appetite Loss / Weight Loss / Daytime Fatigue

Waking Up Choking or Gasping / AM Headaches

**6 – My Current Medications**

**7. My Lung Function:**

**1. \_\_\_\_\_\_\_\_\_\_\_ L/min**

**2. \_\_\_\_\_\_\_\_\_\_\_ L/min**

**3. \_\_\_\_\_\_\_\_\_\_\_ L/min**

**🞎 80-100% predicted**

**🞎 50-79% predicted**

**🞎 <50% predicted**

**8- My Risk factors** *(circle/check all that apply):*

🞎 Smoker: Current / Recent / Second Hand Exposure

Cigarettes/day: \_\_\_\_\_\_\_ Years Smoking: \_\_\_\_\_\_\_ Quit Date: \_\_\_\_\_\_\_

🞎 Age ≥65 / Chronic Disease / Weakened Immunity

🞎 Occupational / Environmental exposure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Sedentary (<30 min cardiovascular exercise 3 times weekly)

🞎 Elevated BMI

🞎 Sub-optimal Breathing Style / Posture

🞎 Needs Influenza Vaccine (yearly)

🞎 Needs Pneumococcal Vaccine

**9- My Plan**

Physical Activity

Follow up with pharmacist

Follow up with family doctor or GP

**10 – Consulting Pharmacist**