THORAX AND RIBCAGE SCREENING QUESTIONNAIRE

NAME: ________________________________________ DATE: ______________
Medical Record #: _________________________

1. Do you have a history of heart problems? □ □
2. Have you recently taken a nitroglycerine tablet? □ □
3. Do you have diabetes? □ □
4. Do you take medication for hypertension? □ □
5. Have you been or are you now a smoker? □ □
6. Does your pain ease when you rest in a comfortable position? □ □
7. Have you recently had a major trauma, such as a vehicle accident or a fall from a height? □ □
8. Have you ever had a medical practitioner tell you that you have osteoporosis? □ □
9. Have you had a recent surgery? □ □
10. Have you recently been bedridden? □ □
11. Have you recently noticed that it is difficult for you to breathe, laugh, sneeze or cough? □ □
12. Have you recently had a fever, infection or other illness? □ □
13. In the past few weeks, have you notice that when you cough, you easily cough up sputum. □ □