

EMPHYSEMA

CLIENT NAME: _____

1. What is the cause? Asthma, occupation, smoking?
2. What is the degree of severity?
3. Does client use oxygen?
4. Has client ever been hospitalized? If yes, give details.
5. Have pulmonary function tests been done?
If so, what were the results?
6. If on medication, what kind, and what is the dosage?
7. Are there any restrictions of activities?
8. Are there any other health issues?