

Patient Questionnaire

Please answer the following questions about your medical history and current conditions that may interfere with the testing:

1. Have you had recent eye surgery? Y N
2. Are you coughing up blood? Y N
3. Do you have a pneumothorax (collapse lung)?
Or have you had a recent chest tube? Y N
4. Have you had a recent heart attack, or
Pulmonary embolus (clot)? Y N
5. Do you have any problems that may affect your
Ability to forcefully exhale? Y N
6. Have you had recent abdominal or chest surgery? Y N
7. Have you had recent illness, fever, or respiratory
Transferable disease? Y N
8. Have you been told by your doctor that you have
Unstable cardiac disease? Y N

Notes:

Patient Personal Information Consent Form

PATIENT INFORMATION

Name (LAST, First):				Date:
Address:				Date of Birth (dd/mm/yyyy)
City/Postal Code				AHC#
Phone (H):	Phone (W):	Phone (Cell):	Email:	
Referring Physician (Check if same as Family Physician) <input type="checkbox"/>				

We are committed to safeguarding the personal and health information entrusted to us. We manage this personal information in accordance with Alberta's Health Information Act (HIA) and the Freedom of Information and Protection of Privacy Act (FOIP). Contact information such as names, home address, home telephone numbers, work telephone numbers and e-mail addresses are collected and used for the following purposes:

- Deliver requested services
- Contact patients about appointments
- Provide referring physician with test results
- Make appropriate referrals
- Meet regulatory requirements

Personal information is normally collected from the referring physician or directly from yourself, the patient. We ask for consent to collect, use or disclose patient information and we will respect your decision but you should be aware that we may not be able to provide you with the services for which you have been referred if we do not have the necessary information.

I consent to the collection, use and disclosure of my personal information as set out above.

Adobe Acrobat Reader must be used to fill this form.
Go to <https://get.adobe.com/reader/> to download it.



Adobe Acrobat Reader DC

Date

Print Name

Signature