



**U-Breathe Respiriology Clinic &
Pulmonary Function Laboratory**
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**Pulmonary Function Test or Methacholine Challenge Test
Pre-Test Questionnaire**

Name: _____ Date: _____

Have you had a Myocardial Infarction (heart attack), or Cerebral Vascular Accident (Stroke), within the last 3 months? YES / NO

Are you actively coughing up blood currently? YES / NO

Have you any surgery or procedure done within the last 6-8 weeks? YES / NO
If so, please list the date and procedure: _____

Have you experienced respiratory infection (e.g. flu) or respiratory symptoms (i.e. wheezing, chest tightness, or shortness of breath) within the last two weeks? YES / NO
If yes, please describe: _____

Have you ever been diagnosed with any respiratory condition previously? YES / NO
If yes, please list: _____

Has any physician ever diagnosed you with any aneurysms? YES / NO
(Distended but weakened blood vessels)

Have you consumed any product containing *caffeine* prior to testing? YES / NO

Are you currently pregnant? YES / NO

Have you ever smoked in the past? YES / NO
Do you currently smoke (cigarettes, or any other form of smoking)? YES / NO
If yes, please when was your last cigarette? _____

Please list all medications you have taken within the last 48 hours.

Or provide a list of medications, if you currently have a list.

<u>Medication:</u>	<u>Date/Time Taken:</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____