



INTERNAL USE ONLY

Patient Name _____

Chart/Account # _____ DOB _____

Doctor _____

Date _____

Cough Questionnaire

How Long Have You Had A Cough? _____

Is The Cough Daytime Or Nighttime Or Both? _____ Does The Cough Wake You Up At Night? _____

Any Blood Or Mucus? Is The Cough Wet Or Dry? _____

Have You Had A Chest X-Ray? If So, When And Where? _____

Have You Had A CT Of The Chest? If So, When And Where? _____

Have You Had A CT Of The Sinus? If So, When And Where? _____

Have You Seen Any Specialists, Such As Ear Nose And Throat, Pulmonology (Lung), Or Gastroenterology? Which Ones? _____

Which Medications Have You Tried? _____

Do You Have Heartburn/Reflux Issues? _____

What Triggers Your Cough? _____

Does It Feel To You That The Cough Is Coming From The Throat Or The Chest Area? _____

Are You Taking Any Painkillers, Aspirin, Blood Pressure Or Diabetes Medications? _____

Do You Snore? _____

What Are the Goals Of Your Visit Today? _____

PLEASE COMPLETE FORM PRIOR TO YOUR APPOINTMENT