Lehigh Valley Health Network
A PASSION FOR BETTER MEDICINE.

HealthWorks

PFT Questionnaire

(Pulmonary Function Test)

NAME:_____

1.	Have you smoked anything within the past one (1) hour?	Yes	No
2.	Have you had a heavy meal within the past two (2) hours?	Yes	No
3.	Do you wear dentures?	Yes	No
4.	Have you used any aerosol for asthma, etc., within the past two (2) hours?	Yes	No
5.	Have you had any flu or upper respiratory symptoms within the past three (3) weeks?	Yes	No
6.	Have you had any current or chronic ear infections?	Yes	No
7.	Have you had surgery recently?	Yes	No
8.	How do you feel today?	_____	
9.	Please remove restrictive clothing.		

Reviewed by: _____ Date:_____

❑ HealthWorks Allentown 1243 S. Cedar Crest Blvd., Allentown, PA 18103 ♦ Phone: 610-402-9230
❑ HealthWorks Trexlertown 6900 Hamilton Blvd, Trexlertown, PA 18087 ♦ Phone: 610-402-0047
❑ HealthWorks Bethlehem 1770 Bathgate Rd, Ste 200, Bethlehem, PA 18017 ♦ Phone: 484-884-2249
❑ HealthWorks Easton 2101 Emrick Boulevard, Bethlehem, PA 18020 ♦ Phone: 610-866-9675
❑ Health & Wellness Center @ Hazleton, 50 Moisey Drive, Suite 208, Hazleton, PA 18202 ♦ Phone: 570-501-6805