

Chinook Lung Function Clinic
204 542 7 Street South
Lethbridge, Alberta T1J 2H1

Contraindication Screening Questionnaire

Have you had a recent heart attack or stroke in the past THREE months?	Yes	No	
Do you have a history of blood clots or aneurysm (abdominal aortic or brain)	Yes	No	
Any recent surgical procedures in the past 3 months	Yes	No	
Any recent chest infections requiring antibiotics or steroids in the past 3 months.	Yes	No	
Do you have any new Cold, Flu, or respiratory symptoms including cough, fever, sore throat, runny nose or vomiting/diarrhea.	Yes	No	

Patient Signature

Date

Witness Signature