

### QUESTIONNAIRE FOR LEXISCAN PATIENTS

To be completed by all patients before any LEXISCAN procedure.

Patient's Name: \_\_\_\_\_ Patient ID: \_\_\_\_\_

Do you (check all that apply)

- Have Asthma
- Have Chronic Bronchitis
- Use inhalers for any reason
- Take Aggrenox (25mg ASA/200mg Dipyridamole)
- Use Dipyridamole (PERSANTINE)

Are you currently under any Bronchodilator Therapy?  Yes  No

Do you currently or have you in the past 3 to 6 months had to use inhalers?  Yes  No

Have you ever been diagnosed with Asthma?  Yes  No

Have you been treated for Bronchitis or wheezing in the past year?  Yes  No

If so, please explain: \_\_\_\_\_

Have you had any caffeine in the past 12 hours?  Yes  No

\_\_\_\_\_  
Patient Signature Patient Printed Name Date Time

\_\_\_\_\_  
Witness Signature (staff member) Witness Printed Name Date Time