

**CHRONIC OBSTRUCTIVE PULMONARY DISEASE  
CHEST ASSESSMENT DOCUMENTATION FORM**

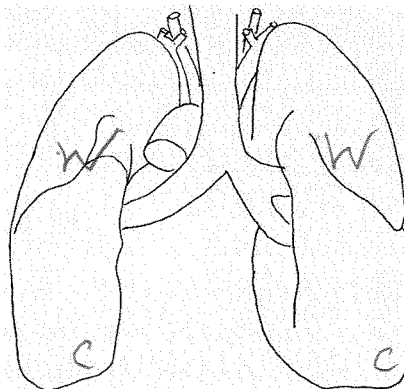
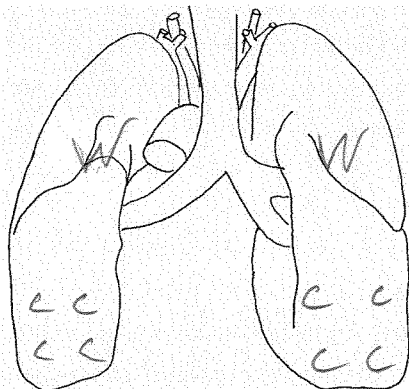
**POSTERIOR VIEW OF LUNG  
(See reverse side for instructions)**

- Lions Head  
  Markdale  
  Meaford  
  Owen Sound  
 Southampton  
  Tobermory  
  Wiarton

PATIENT ID \_\_\_\_\_

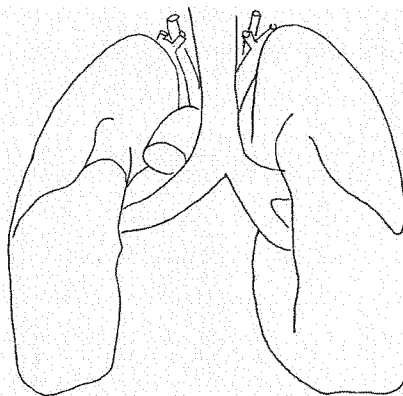
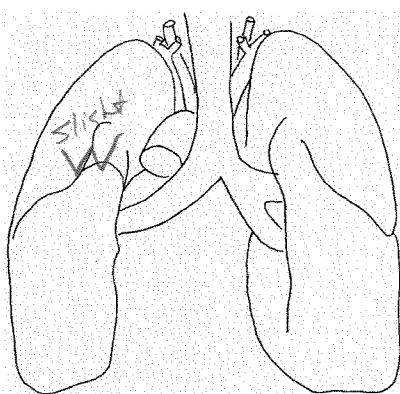
DATE: July 11 07   TIME: 0830   INITIAL: RFW  
 DYSPNEA SCORE: Activity 4   Rest 2

DATE: July 11 07   TIME: 1945   INITIAL: FGW  
 DYSPNEA SCORE: Activity 3   Rest 2



DATE: July 12 07   TIME: 0900   INITIAL: BN RPT  
 DYSPNEA SCORE: Activity 2   Rest 1

DATE: \_\_\_\_\_   TIME: \_\_\_\_\_   INITIAL: \_\_\_\_\_  
 DYSPNEA SCORE: Activity \_\_\_\_\_   Rest \_\_\_\_\_



DATE: \_\_\_\_\_   TIME: \_\_\_\_\_   INITIAL: \_\_\_\_\_  
 DYSPNEA SCORE: Activity \_\_\_\_\_   Rest \_\_\_\_\_

DATE: \_\_\_\_\_   TIME: \_\_\_\_\_   INITIAL: \_\_\_\_\_  
 DYSPNEA SCORE: Activity \_\_\_\_\_   Rest \_\_\_\_\_

