



Lung history and chest

Lung history:

Smoker: _____ Pack/Years _____ Stopped _____

Chest examination

Tracheal secretion yes no Quantity: _____ Color: _____
 Suspected aspiration yes no Date: _____
 Chest drains no left right left and right

Chest X-ray

Date and Time: _____

Atelectasis no left right left and right
 Pneumonia no left right left and right
 Pneumothorax no left right left and right
 Pleura effusion no left right left and right
 Contusion no left right left and right
 Infiltration no left right left and right
 Nodule/mass no left right left and right

Radiologist: _____

CT scan

Date and Time: _____

Main findings: _____

Radiologist: _____

Bronchoscopy

Secretion: purulent yes no Hemorrhagic yes no Other: yes no
 Mucosa inflammatory yes no Hemorrhagic yes no ulceration yes no
 Cytology yes no
 Bacteriology yes no

Anomalies: _____

Other: _____

Comment: _____

Specialist: _____

Phonenumber: _____

WICHTIG: Diese Angaben ersetzen keinen zeitnahen schriftlichen Befund in der Krankenakte

Bei Rückfragen gerne unter 044 255 22 22 melden