

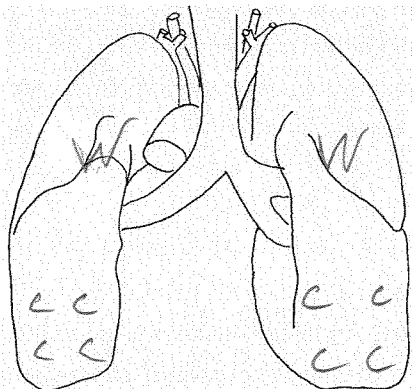
CHRONIC OBSTRUCTIVE PULMONARY DISEASE CHEST ASSESSMENT DOCUMENTATION FORM

POSTERIOR VIEW OF LUNG (See reverse side for instructions)

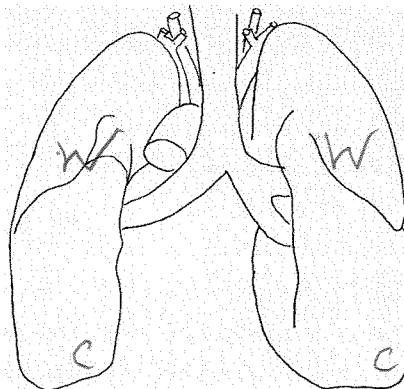
- Lions Head Markdale Meaford Owen Sound
- Southampton Tobermory Wiarton

PATIENT ID _____

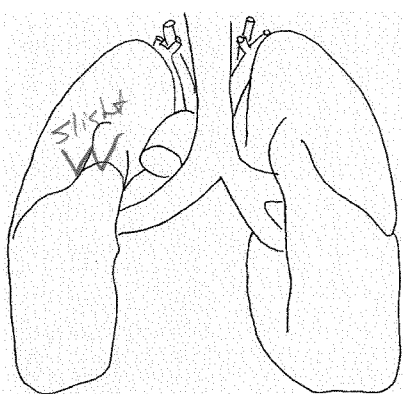
DATE: July 11 07 TIME: 0830 INITIAL: RFW
 DYSPNEA SCORE: Activity 4 Rest 2



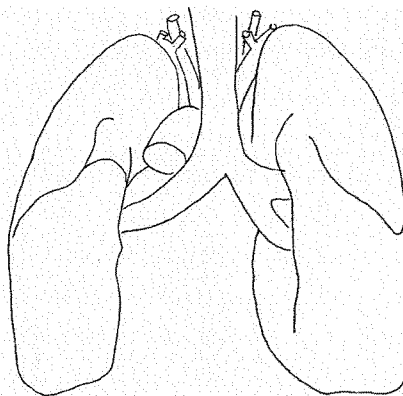
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 DYSPNEA SCORE: Activity 3 Rest 2



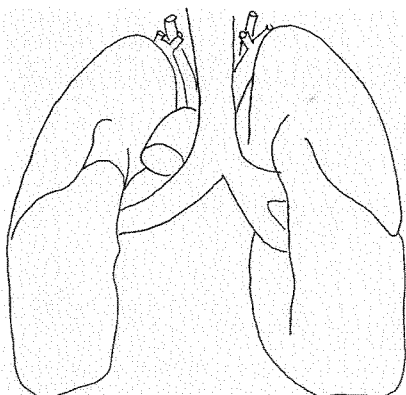
DATE: July 12 07 TIME: 0900 INITIAL: BN RPT
 DYSPNEA SCORE: Activity 2 Rest 1



DATE: _____ TIME: _____ INITIAL: _____
 DYSPNEA SCORE: Activity _____ Rest _____



DATE: _____ TIME: _____ INITIAL: _____
 DYSPNEA SCORE: Activity _____ Rest _____



DATE: _____ TIME: _____ INITIAL: _____
 DYSPNEA SCORE: Activity _____ Rest _____

