Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,

Physician Assessment (if any):

_____
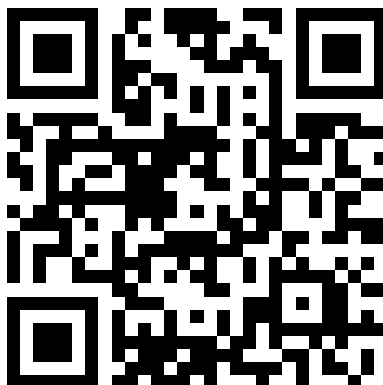
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Signature of Physician

1101

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,

Physician Assessment (if any):

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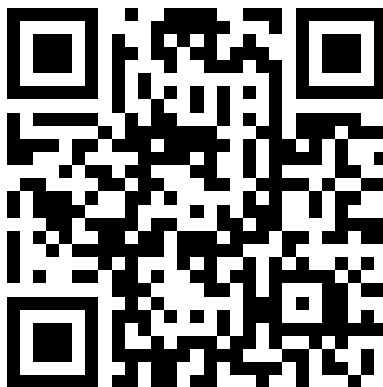_____

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Signature of Physician

1102

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ____/____/_____ Time (HH:MM AM/PM): ____:____ ____

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,

Physician Assessment (if any):

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Signature of Physician

1103

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,

Physician Assessment (if any):

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Signature of Physician

1104

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
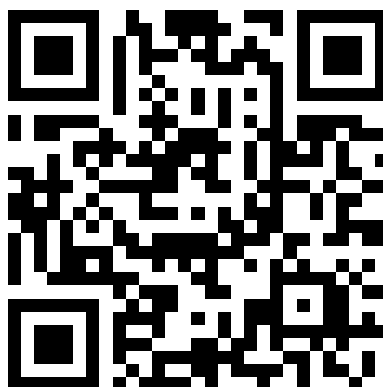
Physician Assessment (if any):

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Signature of Physician

1105

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
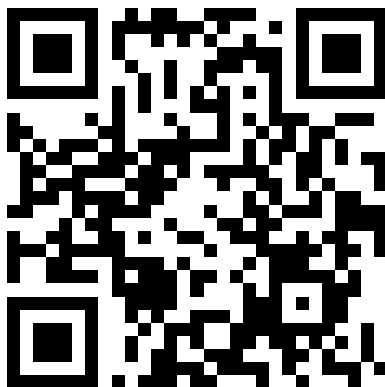
Physician Assessment (if any):

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                                              Signature of Physician

1106

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
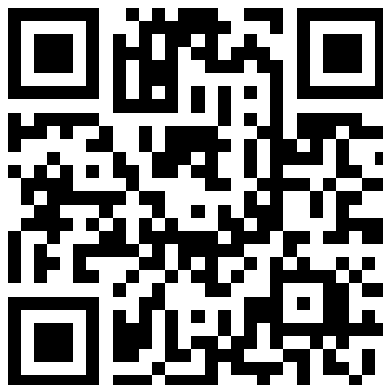
Physician Assessment (if any):

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Signature of Physician

1107

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,

Physician Assessment (if any):

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Signature of Physician

1108

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,
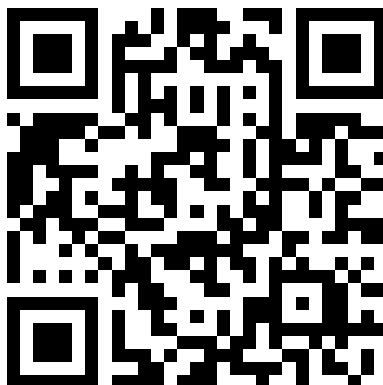
Physician Assessment (if any):

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Signature of Physician

1109

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
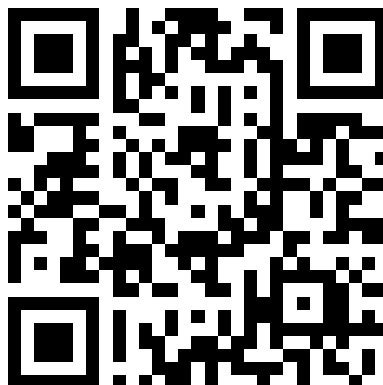
Physician Assessment (if any):

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Signature of Physician

1110

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,

Physician Assessment (if any):

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Signature of Physician

1111

<u>Physician Assessment Form</u>

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ____/____/_____ Time (HH:MM AM/PM): ____:____ ____

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
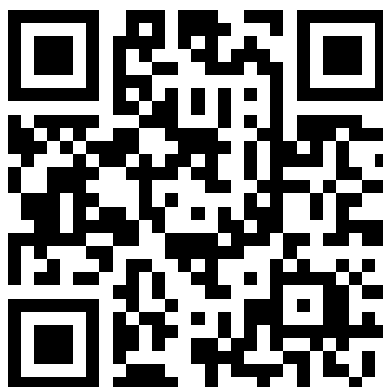
Physician Assessment (if any):

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Signature of Physician

1112

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
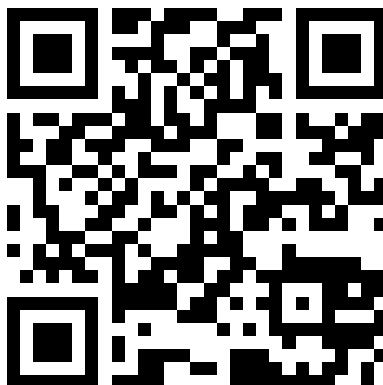
Physician Assessment (if any):

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Signature of Physician

1113

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,

Physician Assessment (if any):

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Signature of Physician

1114

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,

Physician Assessment (if any):

_____
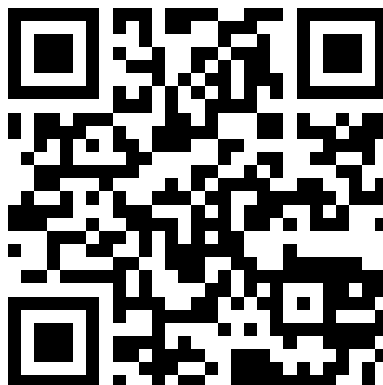
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                                              Signature of Physician

1115

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,
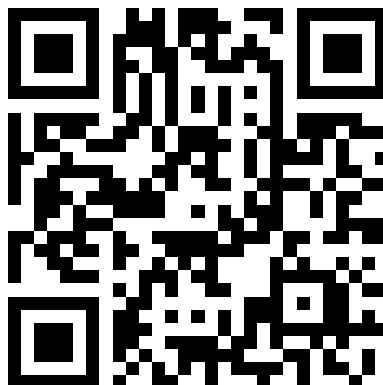
Physician Assessment (if any):

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                                              Signature of Physician

1116

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,
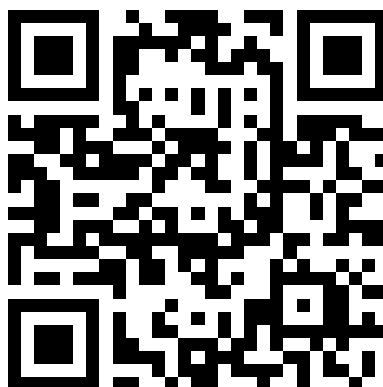
Physician Assessment (if any):

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Signature of Physician

1117

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,
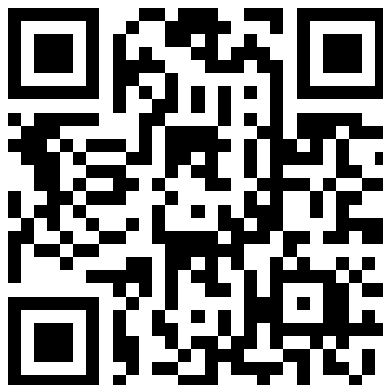
Physician Assessment (if any):

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Signature of Physician

1118

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,

Physician Assessment (if any):

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Signature of Physician

1119

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
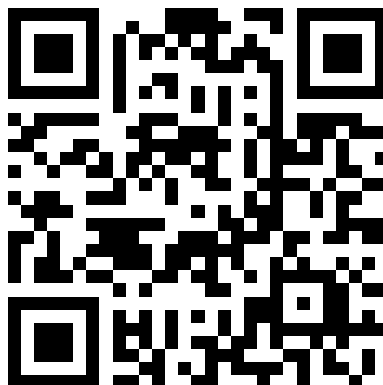
Physician Assessment (if any):

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                                                    Signature of Physician

1120

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,

Physician Assessment (if any):

_____
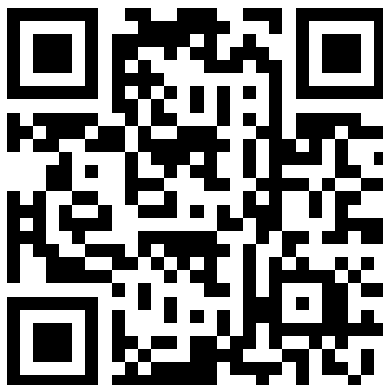
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Signature of Physician

1121

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,

Physician Assessment (if any):

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Signature of Physician

1122

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ____/____/_____ Time (HH:MM AM/PM): ____:____ ____

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
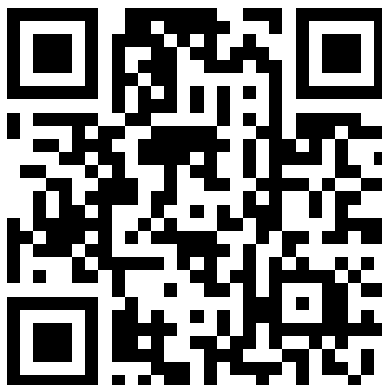
Physician Assessment (if any):

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                                                          Signature of Physician

1123

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,
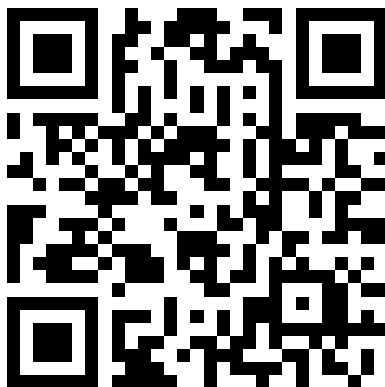
Physician Assessment (if any):

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Signature of Physician

1124

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,

Physician Assessment (if any):

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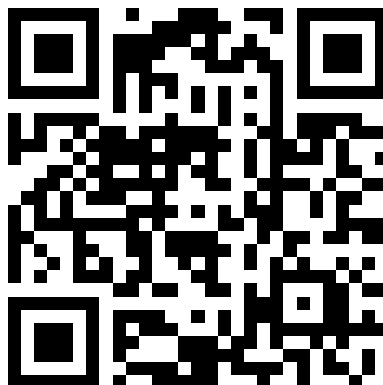_____

_____

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Signature of Physician

1125

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,

Physician Assessment (if any):

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Signature of Physician

1126

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,

Physician Assessment (if any):

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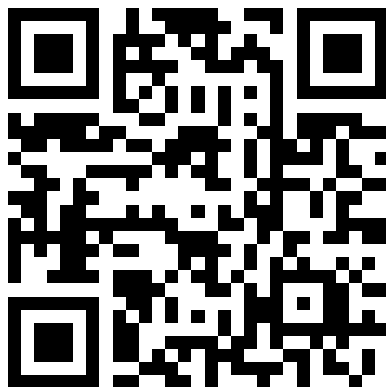_____

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                                                            Signature of Physician

1127

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,
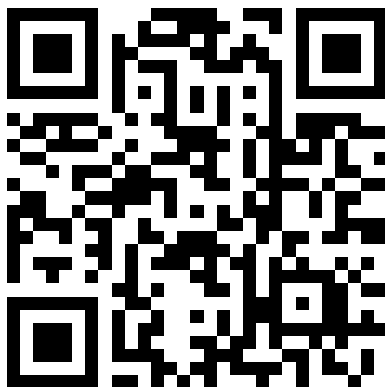
Physician Assessment (if any):

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Signature of Physician

1128

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,

Physician Assessment (if any):

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Signature of Physician

1129

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,
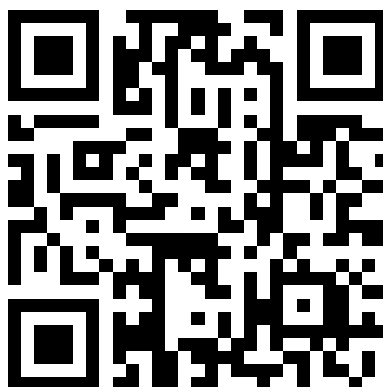
Physician Assessment (if any):

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Signature of Physician

1130

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,
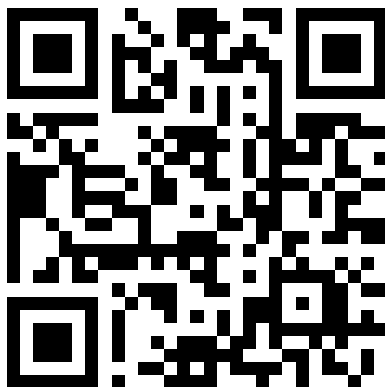
Physician Assessment (if any):

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Signature of Physician

1131

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,

Physician Assessment (if any):

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Signature of Physician

1132

<u>Physician Assessment Form</u>

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ____/____/_____ Time (HH:MM AM/PM): ____:____ ____

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
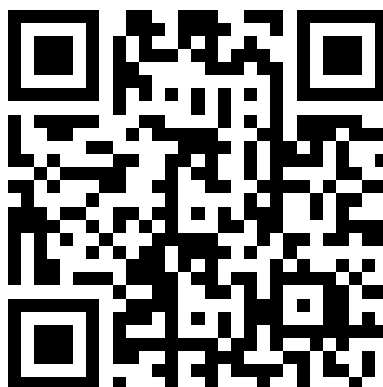
Physician Assessment (if any):

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                                                          Signature of Physician

1133

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,
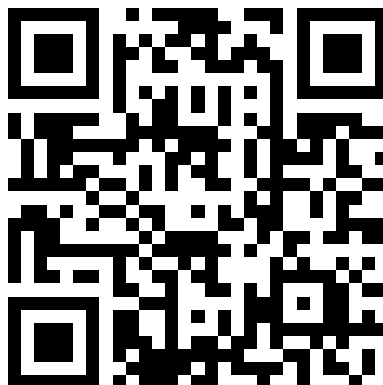
Physician Assessment (if any):

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Signature of Physician

1134

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
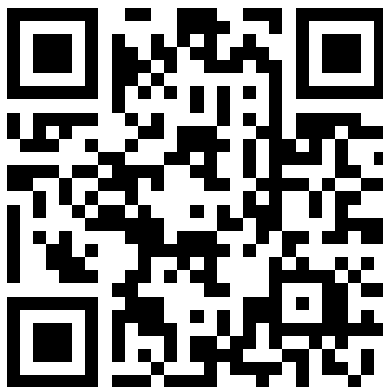
Physician Assessment (if any):

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Signature of Physician

1135

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,

Physician Assessment (if any):

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                                                        Signature of Physician

1136

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,

Physician Assessment (if any):

_____
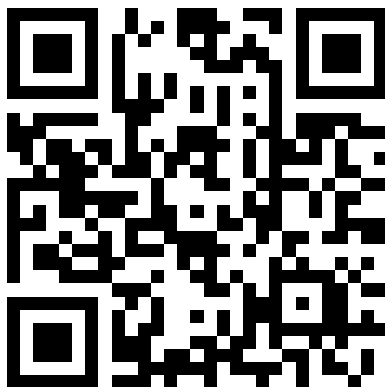
_____

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Signature of Physician

1137

<u>Physician Assessment Form</u>

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,

Physician Assessment (if any):

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Signature of Physician

1138

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,

Physician Assessment (if any):

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Signature of Physician

1139

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,
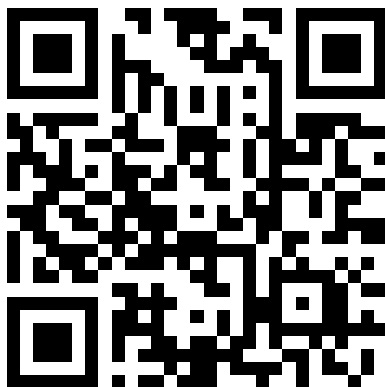
Physician Assessment (if any):

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Signature of Physician

1140

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
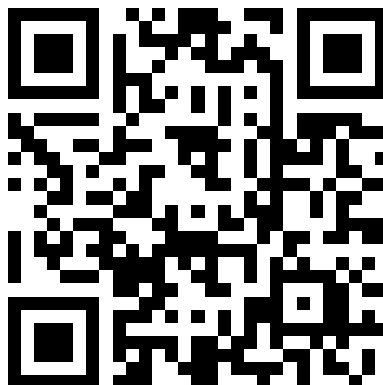
Physician Assessment (if any):

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Signature of Physician

1141

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
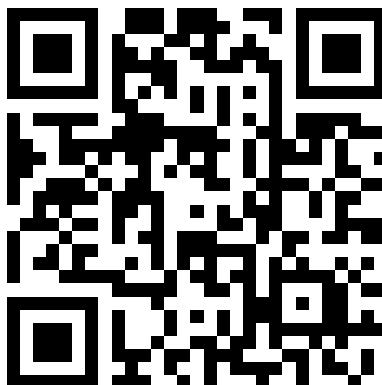
Physician Assessment (if any):

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                                                    Signature of Physician

1142

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,

Physician Assessment (if any):

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                                                            Signature of Physician

1143

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,
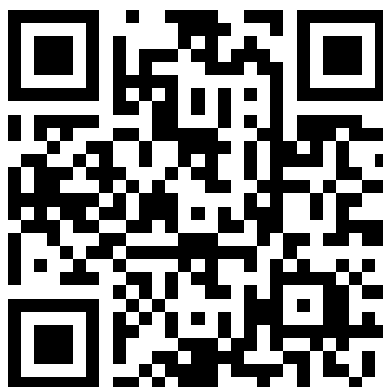
Physician Assessment (if any):

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Signature of Physician

1144

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,

Physician Assessment (if any):

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                                                    Signature of Physician

1145

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
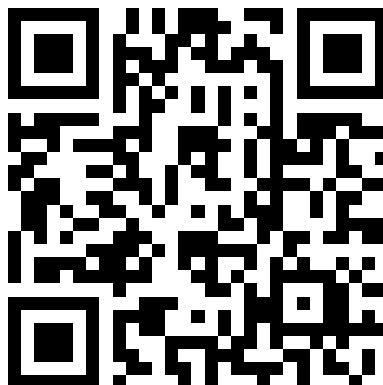
Physician Assessment (if any):

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Signature of Physician

1146

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,

Physician Assessment (if any):

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Signature of Physician

1147

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
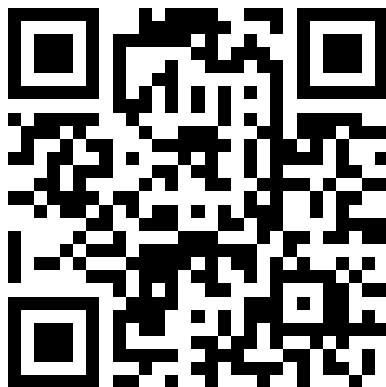
Physician Assessment (if any):

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Signature of Physician

1148

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,

Physician Assessment (if any):

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Signature of Physician

1149

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,

Physician Assessment (if any):

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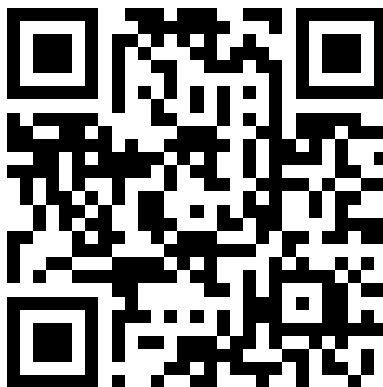
_____

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Signature of Physician

1150

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,
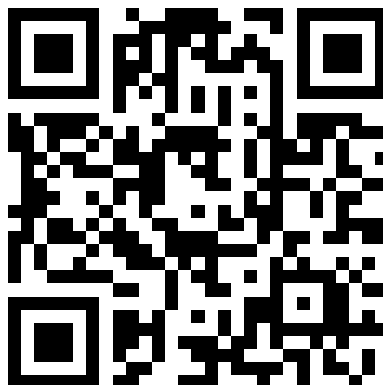
Physician Assessment (if any):

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Signature of Physician

1151

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,
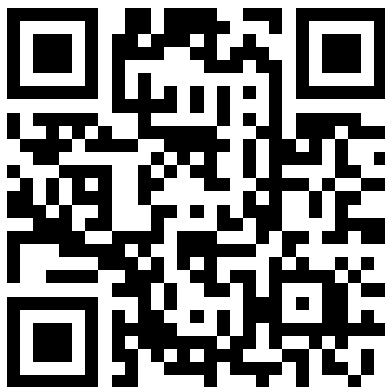
Physician Assessment (if any):

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Signature of Physician

1152

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,
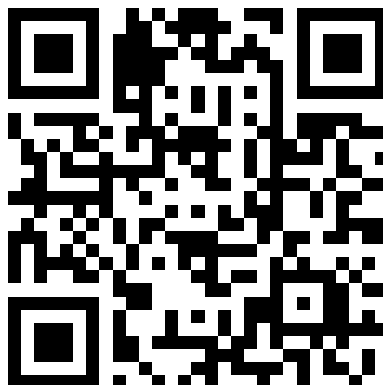
Physician Assessment (if any):

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Signature of Physician

1153

<u>Physician Assessment Form</u>

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
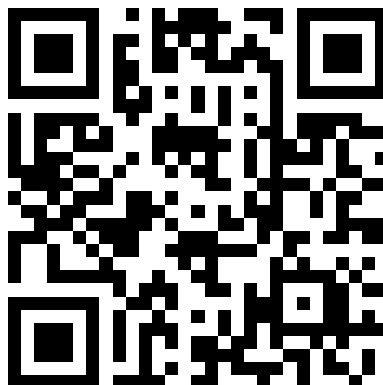
Physician Assessment (if any):

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Signature of Physician

1154

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
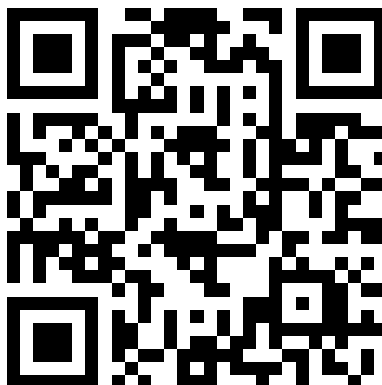
Physician Assessment (if any):

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Signature of Physician

1155

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ____/____/_____ Time (HH:MM AM/PM): ____:____ ____

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,

Physician Assessment (if any):

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                                                          Signature of Physician

1156

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
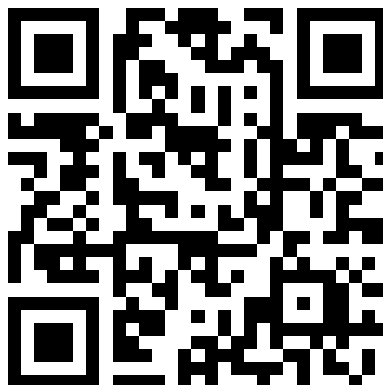
Physician Assessment (if any):

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Signature of Physician

1157

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,
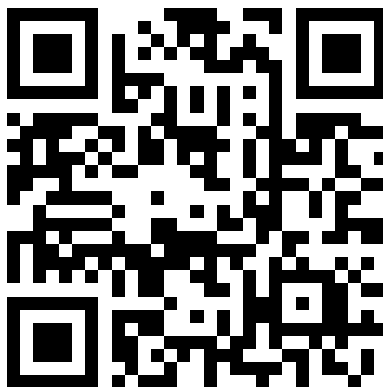
Physician Assessment (if any):

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                                                            Signature of Physician

1158

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
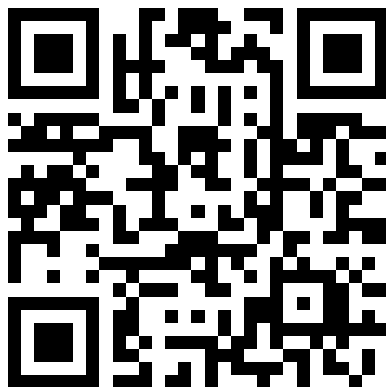
Physician Assessment (if any):

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Signature of Physician

1159

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
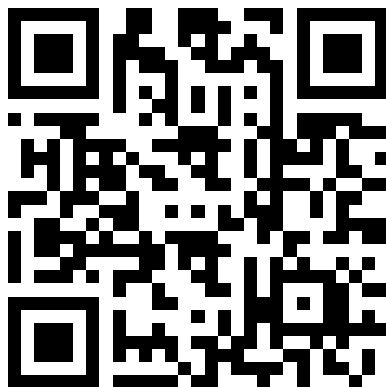
Physician Assessment (if any):

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Signature of Physician

1160

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ____/____/_____ Time (HH:MM AM/PM): ____:____ ____

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
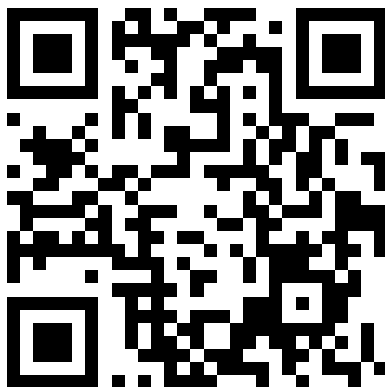
Physician Assessment (if any):

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                                                        Signature of Physician

1161

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
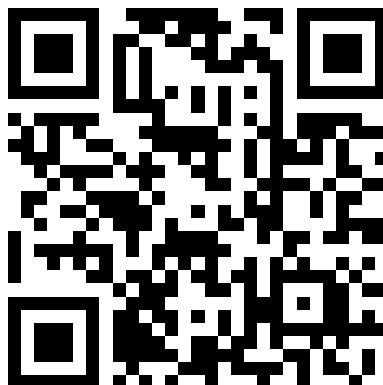
Physician Assessment (if any):

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                                                            Signature of Physician

1162

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,
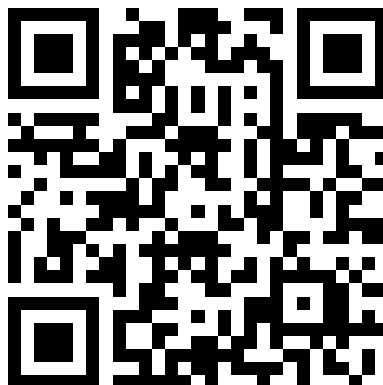
Physician Assessment (if any):

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Signature of Physician

1163

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,
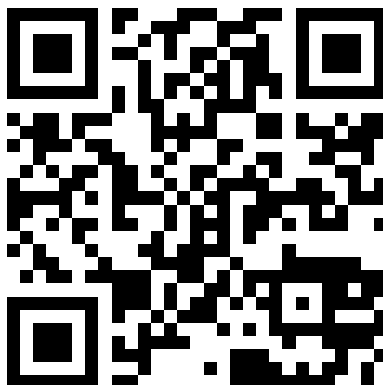
Physician Assessment (if any):

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Signature of Physician

1164

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
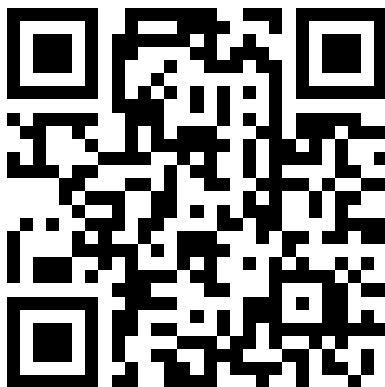
Physician Assessment (if any):

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                                                            Signature of Physician

1165

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
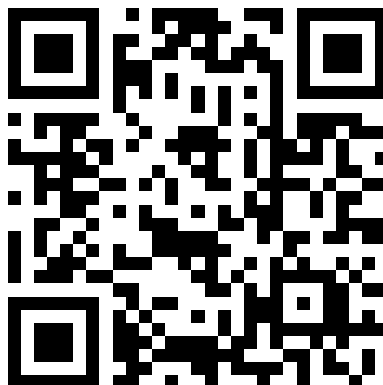
Physician Assessment (if any):

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Signature of Physician

1166

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,

Physician Assessment (if any):

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Signature of Physician

1167

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,

Physician Assessment (if any):

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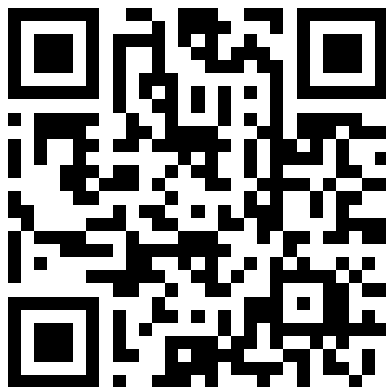_____

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Signature of Physician

1168

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
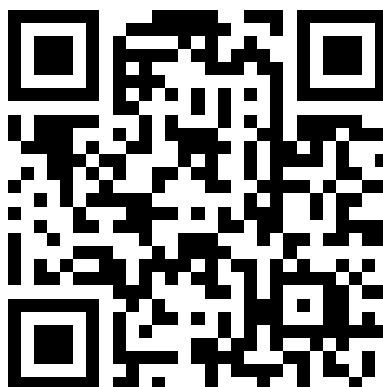
Physician Assessment (if any):

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Signature of Physician

1169

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
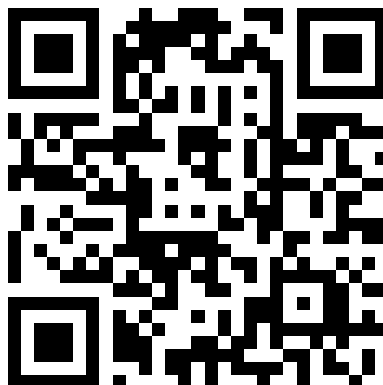
Physician Assessment (if any):

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                                                        Signature of Physician

1170

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,

Physician Assessment (if any):

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                                                          Signature of Physician

1171

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,

Physician Assessment (if any):

_____
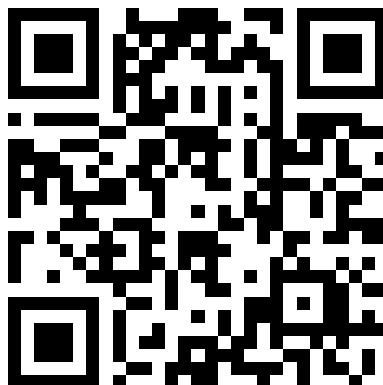
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Signature of Physician

1172

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,

Physician Assessment (if any):

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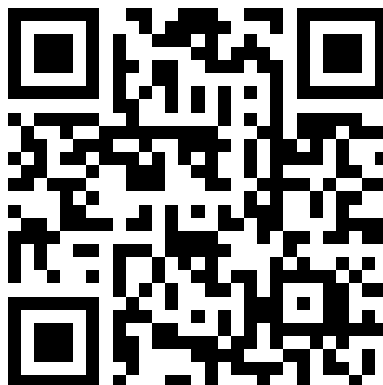_____

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Signature of Physician

1173

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,

Physician Assessment (if any):

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Signature of Physician

1174

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,

Physician Assessment (if any):

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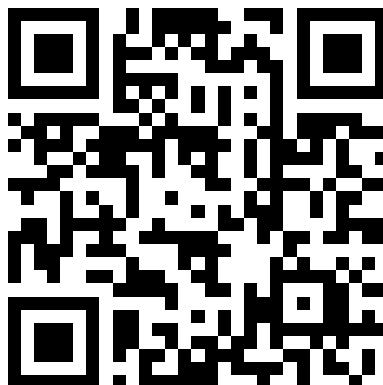
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Signature of Physician

1175

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,
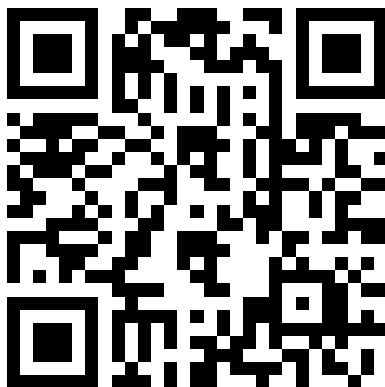
Physician Assessment (if any):

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Signature of Physician

1176

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,

Physician Assessment (if any):

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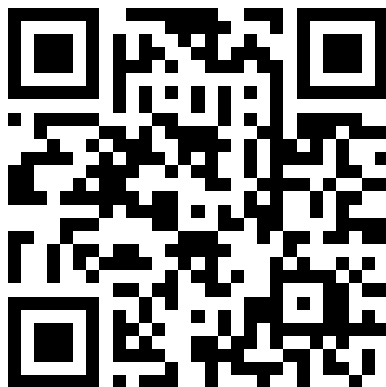_____

_____

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                                          Signature of Physician

1177

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,

Physician Assessment (if any):

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Signature of Physician

1178

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
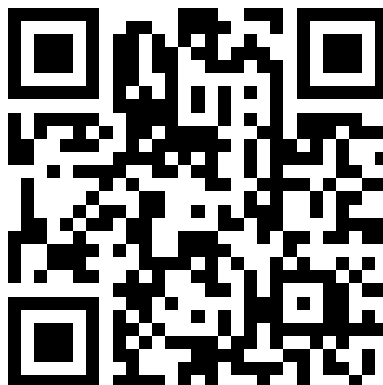
Physician Assessment (if any):

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Signature of Physician

1179

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,
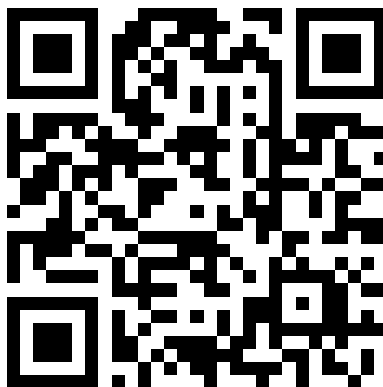
Physician Assessment (if any):

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Signature of Physician

1180

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,
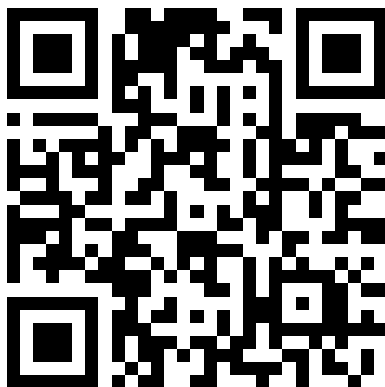
Physician Assessment (if any):

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Signature of Physician

1181

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ____/____/_____ Time (HH:MM AM/PM): ____:____ ____

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
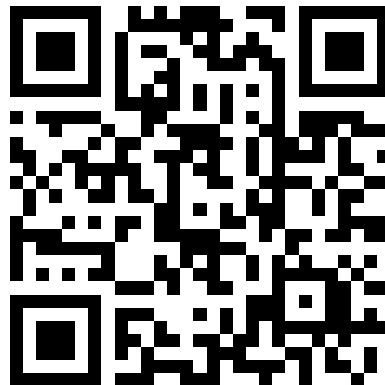
Physician Assessment (if any):

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Signature of Physician

1182

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ____/____/_____ Time (HH:MM AM/PM): ____:____ ____

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,

Physician Assessment (if any):

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Signature of Physician

1183

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
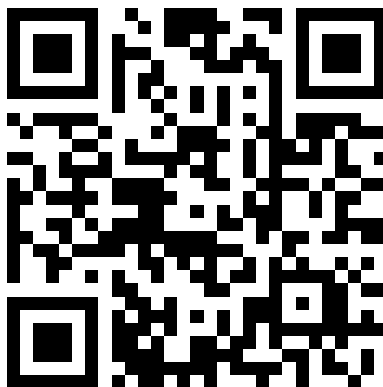
Physician Assessment (if any):

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Signature of Physician

1184

<u>Physician Assessment Form</u>

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ____/____/_____ Time (HH:MM AM/PM): ____:____ ____

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
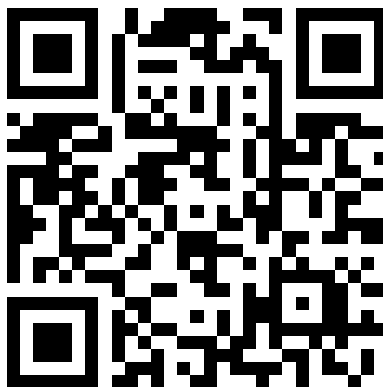
Physician Assessment (if any):

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                                                              Signature of Physician

1185

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,
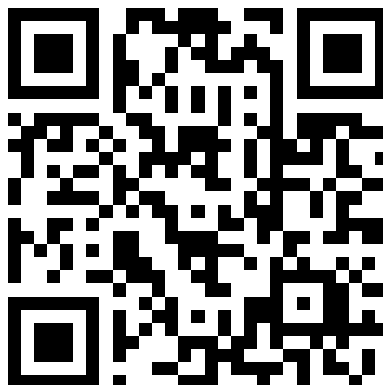
Physician Assessment (if any):

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Signature of Physician

1186

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
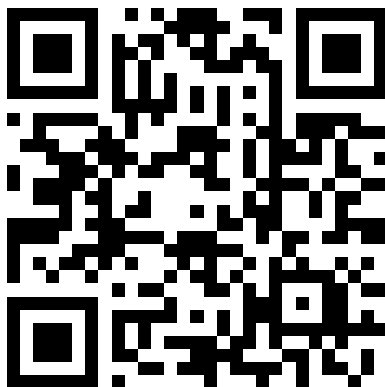
Physician Assessment (if any):

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Signature of Physician

1187

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,

Physician Assessment (if any):

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Signature of Physician

1188

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
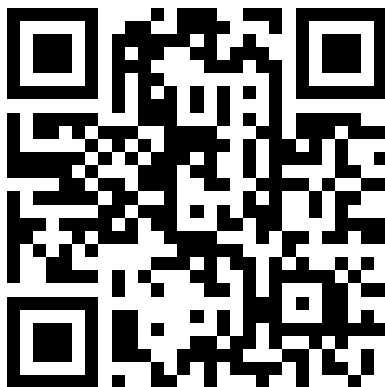
Physician Assessment (if any):

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Signature of Physician

1189

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ____/____/_____ Time (HH:MM AM/PM): ____:____ ____

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,

Physician Assessment (if any):

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                                                            Signature of Physician

1190

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
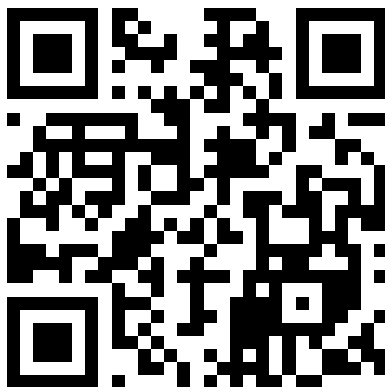
Physician Assessment (if any):

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Signature of Physician

1191

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ____/____/_____ Time (HH:MM AM/PM): ____:____ ____

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,

Physician Assessment (if any):

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Signature of Physician

1192

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
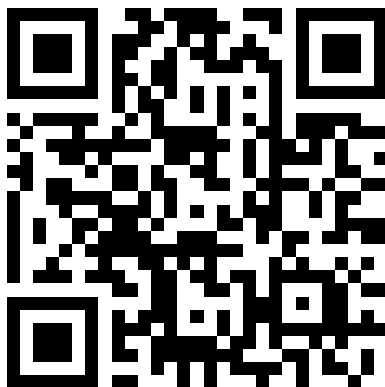
Physician Assessment (if any):

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Signature of Physician

1193

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
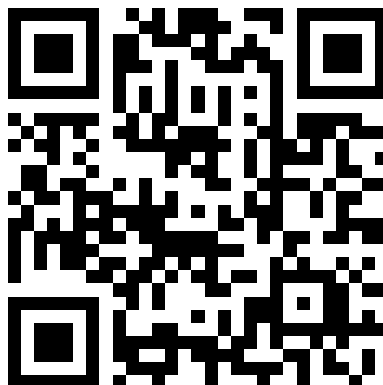
Physician Assessment (if any):

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Signature of Physician

1194

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,

Physician Assessment (if any):

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Signature of Physician

1195

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
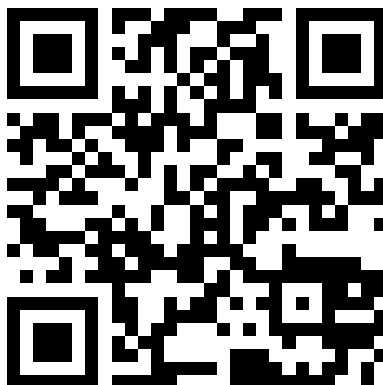
Physician Assessment (if any):

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Signature of Physician

1196

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,
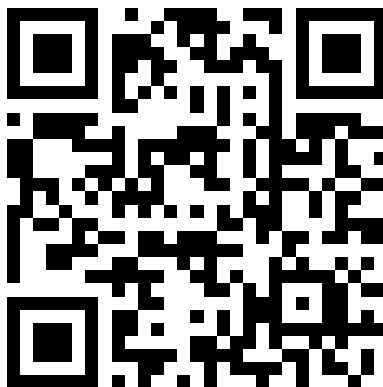
Physician Assessment (if any):

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                                                    Signature of Physician

1197

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,
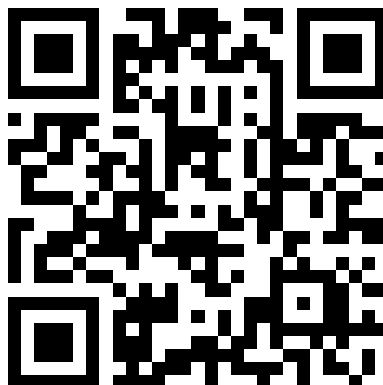
Physician Assessment (if any):

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Signature of Physician

1198

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ___/___/_____ Time (HH:MM AM/PM): ___:___ ___

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: ____L, FEV1: ____L/sec, PEF: ____L/sec,

Physician Assessment (if any):

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                                                    Signature of Physician

1199

Physician Assessment Form

Patient Name: _____ YH Reg. Number: _____

Date (DD/MM/YYYY): ____/____/_____ Time (HH:MM AM/PM): ____:____ ____

Respiratory Symptoms: Cough [ ], Wheezing [ ], Crackle [ ], Ronchi [ ]

PFT Results(If Applicable): FVC: _____L, FEV1: _____L/sec, PEF: _____L/sec,

Physician Assessment (if any):

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Signature of Physician

1200