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## SMOKING HISTORY:

*(Check only one)*

- I have **NEVER** smoked

("NEVER" includes brief experimentation when younger, but never more than 1 pack a day and/or one or two years duration)

- I **QUIT** smoking

I first started smoking at \_\_\_\_\_ (age)

I finally quit at \_\_\_\_\_ (age)

The **most** I ever smoked daily: circle one

<1 pack/day      1-2 pack/day      >2 pack/day

- I **CURRENTLY** smoke

I first started smoking at \_\_\_\_\_ (age)

The **most** I ever smoke daily: circle one

<1 pack/day      1-2 pack/day      >2 pack/day

I have tried to quit: \_\_\_\_\_  
(details)

- I smoke cigars \_\_\_\_\_ (details)

- I use smokeless/chewing tobacco \_\_\_\_\_ (details)

- I vape

- I quit vaping \_\_\_\_\_ (age)

## PASSIVE SMOKE EXPOSURE:

*(Close physical proximity to smokers for more than several years)*

- Parent/childhood

- Spouse

- Other \_\_\_\_\_ (details)

\_\_\_\_\_  
Patient Signature or Initials