



|                                       |     |    |       |
|---------------------------------------|-----|----|-------|
| Tuberculosis                          | yes | no | _____ |
| Pneumothorax                          | yes | no | _____ |
| Chest surgeries                       | yes | no | _____ |
| ICU admissions                        | yes | no | _____ |
| Ventilator support                    | yes | no | _____ |
| Hospitalizations in the last 6 months | yes | no | _____ |
| Current Smoker                        | yes | no | _____ |

How many years of smoking?

When did the patient stop smoking?

Other medical history –

Current medications:

Is the patient currently on steroids?    yes                      no

Date commenced on steroids –

Date stopped –

Current dose –

Maximum dose –

Other medications –

1. Six minute walk test. Date last performed –

Distance walked –

2. Pulmonary function testing. Date last performed –

FEV1 -                      FVC -                      TLC -                      DLCO –

3. Arterial blood gas. Date last performed –

pH -                      pO2 -                      pCO2 -                      HCO3 -

4. Blood investigation. Date last performed -

Hb -                      wbc -                      platelet -                      Sodium -                      Potassium -

Urea -                      Creatinine -

Please attach reports of the following tests if available – PFT, 6min walk test, ABG, ECG, Echocardiogram, Chest Xray, CT chest, Coronary angiogram, DEXA scan, Endoscopy and Right Heart Catheterization.