

Interstitial Lung Disease Evaluation Patient Name

Patient DOB

Date	Chief complaint/Reason for consult	Referring MD
Start time Stop time		
Medications	History of Present Illness <input type="checkbox"/> Patient is Nonverbal. History obtained from <input type="checkbox"/> Family <input type="checkbox"/> Medical records	
<input type="checkbox"/> Medications reviewed <input type="checkbox"/> Medications reconciled with Nursing Home or Hospital discharge Information ★46 Changes as follows Allergies <input type="checkbox"/> Allergy List reviewed <input type="checkbox"/> No drug allergies <input type="checkbox"/> No food allergies	<input type="checkbox"/> Chronic, progressive dyspnea over >= 1 year <input type="checkbox"/> Chronic cough with or without phlegm production <input type="checkbox"/> History of fever, chills, nightsweats, myalgias, arthralgias <input type="checkbox"/> Fatigue, chronic and progressive over same period as dyspnea <input type="checkbox"/> Increased interstitial markings seen or documented radiographically on >= 2 occasions, 1 month apart and not related to renal or heart failure <input type="checkbox"/> History of medication use NSAIDs, amiodarone, methotrexate, gold, azathioprine, cyclophosphamide, penicillamine, flecainide, mexillitine, nitrofurantoin, paclitaxel, isoniazid, tetracycline, sulfa drugs, L-tryptophan, inhaled pentamidine, bleomycin, mitomycin C, chlorambucil	
Social History	Review of Systems	
<input type="checkbox"/> Never Smoker <input type="checkbox"/> Tobacco ____ # Packs X ____ # Yrs <input type="checkbox"/> Quit <input type="checkbox"/> Patient is unwilling to quit <input type="checkbox"/> Patient willing to consider quitting <input type="checkbox"/> Patient quit, but resumed smoking <input type="checkbox"/> Patient willing to quit within 1 month Patient has tried <input type="checkbox"/> Nicotine replacement <input type="checkbox"/> Bupropion or nortriptyline <input type="checkbox"/> Nicotine receptor blockade <i>Daily, occasional and ex-smokers are more likely to be hazardous drinkers</i> <input type="checkbox"/> Alcohol use Drinks per <input type="checkbox"/> day <input type="checkbox"/> week Hazardous drinking NIAAA (National Institute on Alcoholism and Alcohol Abuse guidelines) Men > 14 drinks per week OR > 4 drinks per day Women > 7 drinks per week OR >3 drinks per day <input type="checkbox"/> Recreational drug use <input type="checkbox"/> Inhalational <input type="checkbox"/> Injectable <input type="checkbox"/> Ingestible <input type="checkbox"/> Drug dependence <input type="checkbox"/> Narcotics <input type="checkbox"/> Benzodiazepines	See HPI WNL <input type="checkbox"/> <input type="checkbox"/> Constitutional Fatigue, malaise, fever/chills, weight loss, change in appetite <input type="checkbox"/> <input type="checkbox"/> Eyes Vision changes, New pain, Scotomas <input type="checkbox"/> <input type="checkbox"/> ENT/mouth Nose bleeds, dental caries, dental abscesses, jaw pain <input type="checkbox"/> <input type="checkbox"/> Resp Dyspnea, Cough, Phlegm, Hemoptysis, Wheeze, Witnessed Apnea <input type="checkbox"/> <input type="checkbox"/> CV Chest pain, diaphoresis, ankle edema, PND, syncope <input type="checkbox"/> <input type="checkbox"/> GI Emesis, dysphagia, GERD, abdominal pain, diarrhea, melena <input type="checkbox"/> <input type="checkbox"/> GU Change in urinary habits, hematuria, dysuria <input type="checkbox"/> <input type="checkbox"/> Musc Myalgias, recent trauma, bony fractures, arthralgias, joint swelling <input type="checkbox"/> <input type="checkbox"/> Skin/breasts Rashes, new masses or skin lesions, increased sensitivity to sun <input type="checkbox"/> <input type="checkbox"/> Neuro Seizures, episodic or chronic muscle weakness <input type="checkbox"/> <input type="checkbox"/> Endo Hair loss, polydipsia <input type="checkbox"/> <input type="checkbox"/> Heme/lymph Bleeding gums, unusual bruising, swollen lymph nodes <input type="checkbox"/> <input type="checkbox"/> Allergy/Immun Sinus probs, recurrent infections <input type="checkbox"/> <input type="checkbox"/> Psych Mood changes, agitation, psychosis, delirium, dementia Occupational and Exposure History <input type="checkbox"/> Inorganic dusts i.e., quarries, sandblasting, cement, stone carving, welding, plumbing, shipyard work, firefighter <input type="checkbox"/> Organic dusts i.e., farming, building inspection, woodworking, remodeling, handling vegetable matter or animals <input type="checkbox"/> Noxious fumes i.e., spray painting, autobody work, working with dyes or glues, manufacturing plastic <input type="checkbox"/> Hot tub or Jacuzzi <input type="checkbox"/> High Pressure washings <input type="checkbox"/> Pets or feathers <input type="checkbox"/> Chemicals or fires	
Family Medical History	Past Medical and Surgical History	
<input type="checkbox"/> Asthma <input type="checkbox"/> Congestive Heart Failure <input type="checkbox"/> COPD <input type="checkbox"/> Coronary Artery Disease <input type="checkbox"/> Premature Onset <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Malignancy <input type="checkbox"/> Pancreatitis <input type="checkbox"/> Peripheral Artery Disease <input type="checkbox"/> Renal Dysfunction <input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> Scleroderma <input type="checkbox"/> Sjogren <input type="checkbox"/> Thrombotic disorder <input type="checkbox"/> Thyroid Disease	<input type="checkbox"/> Asthma <input type="checkbox"/> Cerebral Artery Disease <input type="checkbox"/> Neuromuscular weakness <input type="checkbox"/> Chemotherapy Surgeries <input type="checkbox"/> Bronchiectasis <input type="checkbox"/> Congestive Heart Failure <input type="checkbox"/> Occupational exposures <input type="checkbox"/> Colonoscopy <input type="checkbox"/> COPD <input type="checkbox"/> Coronary Artery Disease <input type="checkbox"/> Pancreatitis <input type="checkbox"/> ECHO/Stress Test <input type="checkbox"/> COP (BOOP) <input type="checkbox"/> Diabetes <input type="checkbox"/> Peripheral Artery Disease <input type="checkbox"/> Mammogram <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> GERD <input type="checkbox"/> Scleroderma <input type="checkbox"/> PFTs <input type="checkbox"/> Histiocytosis <input type="checkbox"/> Hepatic Dysfunction <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> PapSmear <input type="checkbox"/> Tuberculosis <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Sjogren <input type="checkbox"/> Prior Intubations <input type="checkbox"/> PAH <input type="checkbox"/> Hypertension <input type="checkbox"/> Renal Dysfunction <input type="checkbox"/> Radiation exposure <input type="checkbox"/> Sarcoidosis <input type="checkbox"/> Inflam bowel disease <input type="checkbox"/> Rheumatoid arthritis <input type="checkbox"/> Sleep Study <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Malignancy <input type="checkbox"/> Thrombotic Disease <input type="checkbox"/> Steroid use <input type="checkbox"/> Wegener's <input type="checkbox"/> Thyroid Disease <input type="checkbox"/> Obstructive Sleep Apnea <input type="checkbox"/> CPAP <input type="checkbox"/> BiPAP	
	Vaccines <input type="checkbox"/> Flu <input type="checkbox"/> Pneumo <input type="checkbox"/> BCG <input type="checkbox"/> Tetanus <input type="checkbox"/> Pertussis <input type="checkbox"/> Varicella	

Prior Diagnostic Data	Exam																																																																																																																						
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<ul style="list-style-type: none"> <input type="checkbox"/> PRN bronchodilator "rescue agent" <input type="checkbox"/> Inhaled corticosteroids <input type="checkbox"/> Long-acting beta agonist <input type="checkbox"/> Long-acting anti-cholinergic <input type="checkbox"/> Oral steroids <input type="checkbox"/> Antibiotics for exacerbations <input type="checkbox"/> Smoking cessation aids <input type="checkbox"/> Long term oxygen therapy <input type="checkbox"/> Patient advised to quit smoking <input type="checkbox"/> Patient advised of risks of alcohol, narcotic and benzodiazepine use <input type="checkbox"/> Medication Side Effects discussed <p>Schedule Patient For</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bronchoscopy <input type="checkbox"/> Pulmonary Function Testing <ul style="list-style-type: none"> <input type="checkbox"/> Methacholine Challenge <input type="checkbox"/> 6 Minute Walk Test <input type="checkbox"/> Bone density evaluation <input type="checkbox"/> CXR <input type="checkbox"/> Chest CT <input type="checkbox"/> with contrast <input type="checkbox"/> High Resolution CT of Chest <input type="checkbox"/> ECHO <input type="checkbox"/> with bubble study <ul style="list-style-type: none"> <input type="checkbox"/> assess PA pressures <input type="checkbox"/> Cardiopulmonary Stress Test <input type="checkbox"/> Sleep Study <input type="checkbox"/> CT Surgery eval for lung transplant <ul style="list-style-type: none"> <input type="checkbox"/> Pneumococcal vaccine <input type="checkbox"/> Influenza vaccine <input type="checkbox"/> Pulmonary Rehabilitation <ul style="list-style-type: none"> <input type="checkbox"/> Labs 	<ul style="list-style-type: none"> <input type="checkbox"/> Patient has completed advanced health care directives★47 HCPOA is <p>Code Status <input type="checkbox"/> Patient is a FULL CODE <input type="checkbox"/> DO NOT ATTEMPT RESUSCITATION</p> <p><i>DDx of interstitial lung disease includes, but is not limited to, Hypersensitivity Pneumonitis, Asbestosis, Scleroderma, Coal Worker's Pneumoconiosis, Mixed Dust Pneumoconiosis, Silicosis, Berylliosis, Hard-metal disease, Sarcoidosis, Sjogren's, Rheumatoid lung, Carcinomatous, Lymphangitic spread of malignancy, Nonspecific interstitial pneumonitis, Desquamative Interstitial Pneumonitis, Cryptogenic Organizing Pneumonia, Post-fibrotic phase of ARDS, Drug-induced disease, Allergic bronchopulmonary aspergillosis, Cystic fibrosis, Eosinophilic lung disease, Noncardiogenic pulmonary edema, Tuberculous sclerosis, Infection, Idiopathic pulmonary fibrosis</i></p>																																																																																																																						
<p>Follow Up</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continuous home oxygen therapy Flow rate _____ L/min <ul style="list-style-type: none"> <input type="checkbox"/> Oxygen concentrator <input type="checkbox"/> Oxygen tank with conservation valve <input type="checkbox"/> Nasal cannula with reservoir <input type="checkbox"/> Portable oxygen tank <input type="checkbox"/> Gas <input type="checkbox"/> Liquid <input type="checkbox"/> Supplemental oxygen therapy during air travel Flow rate _____ L/min <input type="checkbox"/> Home CPAP Flow rate _____ L/min <ul style="list-style-type: none"> <input type="checkbox"/> Heater and humidifier Mask type <input type="checkbox"/> Nasal <input type="checkbox"/> Oronasal <input type="checkbox"/> Face <input type="checkbox"/> Home BiPAP Inspiratory flow _____ / Expiratory flow _____ <ul style="list-style-type: none"> <input type="checkbox"/> Heater and humidifier Mask type <input type="checkbox"/> Nasal <input type="checkbox"/> Oronasal <input type="checkbox"/> Face <p>Data Reviewed: <input type="checkbox"/> ER Notes <input type="checkbox"/> Chart <input type="checkbox"/> Nursing Notes/Vitals log <input type="checkbox"/> Labs <input type="checkbox"/> Radiology data <input type="checkbox"/> ECHO <input type="checkbox"/> ECG <input type="checkbox"/> Stress Test <input type="checkbox"/> PFT</p> <p>Care Coordinated with: <input type="checkbox"/> HCPOA <input type="checkbox"/> PCP <input type="checkbox"/> Case Mgmt or SW <input type="checkbox"/> Pharmacy <input type="checkbox"/> Nursing</p>	<p>Signature</p> <p>cc</p>																																																																																																																						