

Name:
Address:
DOB:
NHS no:

**PATIENTS WILL ONLY BE
DISCUSSED WHEN REFERRED
USING THIS PROFORMA**

ILD Virtual Clinic Referral Proforma

Question for MDT:

Is this a *progressive fibrosis* ILD referral? : Yes / No (if so we need 24 months of historic lung function if available)

History & Exam Findings:	Sats: FiO ₂ :	
Is there FHx of pulmonary fibrosis?:		
Smoking or vaping history:		
Co-Morbidities:		
Drug History:		
Previous ILD Rx: (specify dose and duration)		
Occupation:		
Connective Tissue Disease confirmed/suspected	Y / N, Details:	
Exposures: (Occupational and environmental)		

Investigations:

Date										
FEV ₁	L	%	L	%	L	%	L	%	L	%
FVC	L	%	L	%	L	%	L	%	L	%
TLCO	%		%		%		%		%	
KCO	%		%		%		%		%	

6 minute walk test (if done) on air/oxygen:	*HRCT Scan findings :
Distance walked:	
Starting sats % Lowest sats %	

Blood Tests:	Date:	Blood Tests:	Date:	Other relevant tests:
Rheumatoid Factor:		ANA		
CCP		ANCA		
ENA (if positive)				

Items for review in Papworth Virtual Clinic

Procedure:	Yes	No	Location:	Date performed:
CXR				
CT Chest				
Bronchoscopy/BAL/TBBs				
VATs lung biopsy				
Echocardiogram (please attach report)				
Other.....				

Responsible clinician		NHS Email	
Date of referral		Hospital	

Please tick this box if you are happy for this to be used as a referral for clinic if appropriate and the patient is willing to travel to Royal Papworth Hospital

Please note we will contact the patient to inform them their case has been discussed. No clinical details will be given.

Please email this form to papworth.ildmdtco-ordinator@nhs.net

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