

Name:  
DOB:  
NHS no:



Royal Papworth Hospital  
NHS Foundation Trust

## ILD Clinic Referral Proforma

<b>Question for MDT:</b>	
<b>Suspected diagnosis:</b>	
History & Exam Findings:	Sats:      FiO <sub>2</sub> :
Family History of ILD:	
Smoking History:	
Co-Morbidities:	
Drug History:	
Occupation:	
Connective Tissue Disease confirmed/suspected	Y / N, Details:
Exposures: (Occupational and environmental)	

### Investigations:

Date							6 minute walk test (if done)	
FEV <sub>1</sub>	L	%	L	%	L	%	Distance walked	m
FVC	L	%	L	%	L	%	Starting sats	%
TLCO		%		%		%	Lowest sats	%
KCO		%		%		%	On Air/oxygen	

Chest X-ray findings:	*HRCT Scan findings :
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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.....				

<b>Name and position</b>			<b>NHS Email</b>	
<b>Date of referral</b>			<b>Hospital</b>	
<b>Is the patient on an 18 week RTT?</b>	<b>Yes/No</b>	<b>Existing/New</b>	Unique pathway identifier:	<b>Latest 18wk clock start date:</b>

Thank you for your referral. Please post to Papworth or email this form to our ILD MDT co-ordinator: [papworth.ildmdtco-ordinator@nhs.net](mailto:papworth.ildmdtco-ordinator@nhs.net)