

Name:  
Address:  
DOB:  
NHS no:

**PATIENTS WILL ONLY BE  
DISCUSSED WHEN REFERRED  
USING THIS FULLY COMPLETED  
PROFORMA - RED BOXES ARE  
MANDATORY**

**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:	Performance Status or Frailty Score:			Sats:	FiO <sub>2</sub> :
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 <sub>1</sub>	L	%	L	%	L	%	L	%	L	%
FVC	L	%	L	%	L	%	L	%	L	%
TLCO	%		%		%		%		%	
KCO	%		%		%		%		%	

6 minute walk test (if done) on air/oxygen: Distance walked: Starting sats %      Lowest sats %	*HRCT Scan findings :
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Blood Tests:	Date:	Blood Tests:	Date:	Other relevant tests:
Rheumatoid Factor:		ANA		
CCP		ANCA		
ENA (if positive)				

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