# ILD Virtual Clinic Referral Proforma

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| **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 & ExamFindings: | Performance Status or Frailty Score: Sats: FiO2 : |
| 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:**

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| --- | --- | --- | --- | --- | --- |
| **Date** |  |  |  |  |  |
| **FEV1** | **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) |  |  |

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

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| **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** |  |