

SOUTHERN RESPIRATORY COMMUNITY OF PRACTICE – CASE REVIEW TEMPLATE

Please do not include any patient identifiable information

PATIENT DEMOGRAPHICS

Age Gender

Aboriginal and/or Torres Strait Islander – Yes/No

Culturally and Linguistically Different – Yes/No

Relationship Status

RESPIRATORY SPECIFIC HISTORY

Outline main symptom(s), progression, timeline, associated factors

Already has diagnosis – COPD/Asthma/Chronic lung disease

Relevant spirometry if available

Other relevant respiratory/biochemical/imaging results

Smoking history – what smoked for how long?

Chronicity of symptoms/progression of symptoms – acute/chronic/relapsing

MRC dyspnoea scale – exertional ability – number 1-5

Occupational/environmental exposure risk - Yes/No

Allergy symptoms or atopy

Past Medical History/comorbidities

MEDICATIONS - CURRENT AND PAST

SOCIAL AND ENVIRONMENTAL CONSIDERATIONS

BRIEF OUTLINE OF CLINICAL PROBLEM/QUESTIONS

Please submit this form to the Project Officer Kevin Swift: kswift@asthma.org.au
Tel: **08 8238 9339** or **0434 340 125**