

**Please Email the completed form to:**

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| ILD Conference Form | | | | | | | | | | |
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| Demographics & Referral | | | |  |  | | |  | | **Date:** |
| **Last Name:** |  | | **First Name:** | | | **NHI:** |  | | **Gender:** Choose an item. | |
| **DOB:** | | **Age:** | **Ethnicity:** Choose an item. | | | | | | **Domicile DHB:** Choose an item. | |
| **Address:** | | | | | | | | | | |
| **GP:** | | | | | | | | | | |
| **CC (Others):** |  | | | | | | | | | |
| **Suspected diagnosis:** Choose an item. | | | | | | | | | | |
| Referred by: | | | | | | | | | | Referral Date: |
| Question for conference: | | | | | | | | | | |

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| Discussion *to be completed after conference* |
|  |
| Diagnostic confidence: Choose an item. Behaviour: Choose an item.  Goal: Choose an item. |
| **Radiologic Consensus Diagnosis** |
| Choose an item. |
| **Pathological Consensus Diagnosis** |
| Choose an item. |
| **Agreed Clinical Diagnosis** |
| Choose an item. |
| **Differential Diagnosis 1** |
| Choose an item. |
| **Differential Diagnosis 2** |
| Choose an item. |
| **Plan:** |
|  |
| **Form Completed By:** |
| **Attendees:** |

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| History / Current status | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clinical Features/Symptoms: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Arthralgia/ Arthritis | Raynaud’s | | | | | | | Sicca symptoms | | | | | Cough | | | | | Dyspnoea | | | | Haemoptysis | | | | | | | Fever | | | | | | Chest Pain | | |
| Lethargy | Decreased Exercise Tolerance | | | | | | | Weight loss | | | | | Sputum | | | | | Night Sweats | | | | Digital Ulcer/ Fissuring/ Oedema | | | | | | | Orthopnea | | | | | | Morning Stiffness | | |
| GORD/ Dysphagia | Uveitis | | | | | | | None | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | |  | | |
| Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Age went gray? | | | | | | Smoking status Pack yrs       Yrs since quit | | | | | | | | | | | | | | | | | | | BMI | | | | | | mMRC Choose an item. | | | | | | |
| Previous Medical History: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Occupational History: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Exposure**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Birds | Asbestos | | | | | | | Farming/Hay | | | | | Mining | | | | | Silica Dust | | | | Spa pool | | | | | | | Duck/Goose down pillows | | | | | | None | | |
| Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Current Medication:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Previous Pulmonary toxic medications:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Nitrofurantoin | | | | | | Methotrexate | | | | | Amiadorone | | Cytotoxic (Please list) | | | | | | | | | |  | | | | | | **Other** | | | | |
| **Started:** | | | |  | | | | | |  | | | | |  | |  | | | | | | | | | |  | | | | | |  | | | | |
| **Stopped:** | | | |  | | | | | |  | | | | |  | |  | | | | | | | | | |  | | | | | |  | | | | |
| Clinical Examination/Signs: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sclerodactyly | | Calcinosis | | | | | | | Telangiectasia | | | | | Clubbing | | | | | Crackles | | | | Squawks | | | | | | | Mechanics hands | | | | | | Rash | |
| Proximal Weakness | | Gottrons Papules | | | | | | | None | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | |  | |
| Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oxygen Sats % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Arterial Blood Gas Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FiO2 | | | | | pH | | | | | | | PCO2(mmHg) | | | | | | | | PO2(mmHg) | | | | | | HCO3- | | | | | | | | SAO2 | | | |
| Bloods | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***ENA*** | | | Choose an item. | | | | Anti RNP | | | |  | | | | | anti SM | | | | |  | | | Ro-52 | | | |  | | | | SSA/Ro | | | | |  |
| SSB/LA | | | |  | | | | | Ro-60 | | | | |  | | | Sm | | | |  | | | | RNP | | | | |  |
| Scl70 | | | |  | | | | | Jo-1 | | | | |  | | |  | | | |  | | | | Other | | | | |  |
| ***ANA*** | | | Choose an item. | | | | titre | | | |  | | | | | Pattern | | | | |  | | |  | | | |  | | | | Other | | | | |  |
| ***ANCA*** | | | Choose an item. | | | | ***cANCA*** | | | | Choose an item. | | | | | ***pANCA*** | | | | | Choose an item. | | | MPO | | | |  | | | | PR3 | | | | |  |
| ***Rh factor*** | | | Choose an item. | | | | titre | | | |  | | | | |  | | | | |  | | |  | | | |  | | | | Other | | | | |  |
| ***Anti CCP*** | | | Choose an item. | | | | titre | | | |  | | | | |  | | | | |  | | |  | | | |  | | | | Other | | | | |  |
| ***ESR*** | | | Choose an item. | | | | titre | | | |  | | | | |  | | | | |  | | |  | | | |  | | | | Other | | | | |  |
| ***CRP*** | | | Choose an item. | | | | titre | | | |  | | | | |  | | | | |  | | |  | | | |  | | | | Other | | | | |  |
| ***Avian Precip*** | | | Choose an item. | | | | titre | | | |  | | | | | Budgie | | | | |  | | | Pigeon | | | |  | | | | Other | | | | |  |
| ***dsDNA*** | | | Choose an item. | | | | titre | | | |  | | | | |  | | | | |  | | |  | | | |  | | | | Other | | | | |  |
| ***CK*** | | | Choose an item. | | | | titre | | | |  | | | | |  | | | | |  | | |  | | | |  | | | | Other | | | | |  |
| ***Myositis Panel*** | | | Choose an item. | | | | Ro-52 Ab | | | |  | | | | | OJ Ab | | | | |  | | | EJ Ab | | | |  | | | | PL-12 Ab | | | | |  |
| PL-7Ab | | | |  | | | | | SRP Ab | | | | |  | | | Jo-1 Ab | | | |  | | | | PM-Scl75 | | | | |  |
| PM Scl100 | | | |  | | | | | Ku Ab | | | | |  | | | Mi-2 Ab | | | |  | | | | SAE1 | | | | |  |
| MDA5 | | | |  | | | | | TIFI gamma | | | | |  | | | NXP2 | | | |  | | | | Other | | | | |  |
| ***Scleroderma screen*** | | | Choose an item. | | | | HMGCR Abs | | | |  | | | | | Ro-52 Ab | | | | |  | | | PDGFR Ab | | | |  | | | | Ku Ab | | | | |  |
| PM-Scl-75 | | | |  | | | | | PM Scl-100 | | | | |  | | | Th/To Ab | | | |  | | | | NOR90 Ab | | | | |  |
| Fibillarin A | | | |  | | | | | RNA Pol III 155kDa | | | | |  | | | RNA Pol III 11kDa | | | |  | | | | Cent protein B Ab | | | | |  |
| Cent protein A Ab | | | |  | | | | | Scl-70 | | | | |  | | |  | | | |  | | | | Other | | | | |  |
| ***TB Screen*** | | | Choose an item. | | | | Quantiferon Gold | | | |  | | | | | Sputum AFBs | | | | |  | | | BAL | | | |  | | | | HIV | | | | |  |
| ***Immunoglobulins*** | | | Choose an item. | | | | IgG titre | | | |  | | | | |  | | | | |  | | |  | | | |  | | | |  | | | | |  |
| ***Other Relevant Blood Test*** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Lung Function Tests** | | | | | | **Plesmography (body box)** | |
| Date | FEV1 / % | FVC / % | Date  (If different) | DLCO / % | KCO % | TLC / % | RV /% |
|  | / | / |  | / |  | / | / |
| Date | FEV1 / % | FVC / % | Date  (If different) | DLCO / % | KCO % | TLC / % | RV /% |
|  | / | / |  | / |  | / | / |
| Date | FEV1 / % | FVC / % | Date  (If different) | DLCO / % | KCO % | TLC / % | RV /% |
|  | / | / |  | / |  | / | / |
| Date | FEV1 / % | FVC / % | Date  (If different) | DLCO / % | KCO % | TLC / % | RV /% |
|  | / | / |  | / |  | / | / |
| Date | FEV1 / % | FVC / % | Date  (If different) | DLCO / % | KCO % | TLC / % | RV /% |
|  | / | / |  | / |  | / | / |
| Date | FEV1 / % | FVC / % | Date  (If different) | DLCO / % | KCO % | TLC / % | RV /% |
|  | / | / |  | / |  | / | / |
| Date | FEV1 / % | FVC / % | Date  (If different) | DLCO / % | KCO % | TLC / % | RV /% |
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| **Six Minute Walk Test** | | | | | | | | | | | | | | |
| Date |  | | | | | | | | | | | | | |
| Start (Pre Test) | Sp02% |  | | HR | |  | | Dyspnoea | |  | |  | |  |
| During Test | Min Sp02 |  | | 02 (L/min) | |  | | Dyspnoea | |  | | Distance | |  |
| Recovery Phase | Sp02% |  | | HR | |  | | Dyspnoea | |  | |  | |  |
| Comments |  | | | | | | | | | | | | | |
| Previous Test |  | | Resting SpO2 | |  | | Min SpO2 | |  | | Distance | |  | |
| Previous Test |  | | Resting SpO2 | |  | | Min SpO2 | |  | | Distance | |  | |

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| **ECHO** | | | | | | | |
| Date |  | | | | | | |
| TR Jet Visible |  | Pulm. Accel. Time (RVOT acceleration time) |  | RA Diameter |  | RV Diameter |  |
| RA-RV Gradient  (TR max PG) |  | Comments | | | | | |
| Formal Report Summary |  | | | | | | |

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| Key Investigations | | | | | | |
| **Date & Location** | **Investigation** | | **Summary of Formal Report (copy & paste Impression)** | | | |
|  | CXR | |  | | | |
|  | HRCT | |  | | | |
|  | ECG | |  | | | |
|  | EBUS | |  | | | |
|  | Transbronchial Lung Biopsy | |  | | | |
|  | Surgical Biopsy | |  | | | |
|  | Sleep Study | |  | | | |
| Bronchoscopy | | | | | | |
| Date | BAL | Macrophages % | | Lymph % | Neutroph % | Eosinoph % |
| CD4:CD8 | | Culture |  |  |
| Comment |  | | | | | |