

ANNUAL PATIENT REVIEW Chronic Obstructive Pulmonary Disease											
<b>Name</b>			<b>DOB</b>			<b>Client ID</b>					
<b>*Height</b>			<b>FEV<sub>1</sub></b>			<b>% Pred</b>					
<b>*Weight</b>			<b>FVC</b>			<b>% Pred</b>					
<b>*BP</b>			<b>Ratio</b>								
<b>Pulse</b>			<b>Severity</b>	Mild	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Severe	<input type="checkbox"/>		
<b>*Smoking Status</b>	Smoker	<input type="checkbox"/>	<b>Inhaler Technique</b>								
	Ex Smoker	<input type="checkbox"/>									
	Never	<input type="checkbox"/>									
<b>*Advice</b>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	<b>Pulmonary Rehab</b>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Declined	<input type="checkbox"/>
<b>*Refer</b>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	<b>Exercise Referral</b>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Declined	<input type="checkbox"/>
<b>Pack Years</b>			<b>EPP</b>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Declined	<input type="checkbox"/>		
<b>*MRC Score</b>			<b>Self Management Plan</b>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
<b>*Pulse Oximetry</b>			<b>Standby Antibiotics</b>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
			<b>Standby Steroids</b>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
<b>ABG's</b>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	<b>Medication Review</b>						
<b>High Risk of Admission?</b>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	<b>Flu Vac</b>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>		
			<b>Pneumo Vac</b>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
<b>Follow Up</b>	<b>LTOT</b>	..... Litres ..... Hours/day	<b>SBOT</b>	..... Litres ..... Hours/day	<b>Amb</b>	..... Litres ..... Hours/day					
<b>Notes</b>							LES Claim	Y	<input type="checkbox"/>	N	<input type="checkbox"/>

\*HCA can complete