

CYSTIC FIBROSIS (CF) CLINICAL ASSESSMENT

Height _____ cms Weight _____ Kgs BMI _____ SaO2 _____ % FEV1 _____ %p

Centile _____ Centile _____ Z Score _____

1. **Cough:** ☐ Daily ☐ Morning only ☐ Throat clearing ☐ With Physio ☐ With RTIs
2. Does the patient have **wheezing/difficulty breathing** ☐ Often ☐ Sometimes ☐ Never

Comments on cough and respiratory symptoms:

3. Oral Antibiotics since last clinic: Number of courses

- | | | |
|-----------------------------|-----------------|--|
| ≠ 1. Antibiotic name: | Duration: | Sympts resolved ☐ Yes ☐ No |
| ≠ 2. Antibiotic name: | Duration: | Sympts resolved ☐ Yes ☐ No |
| ≠ 3. Antibiotic name: | Duration: | Sympts resolved ☐ Yes ☐ No |
| ≠ 4. Antibiotic name: | Duration: | Sympts resolved ☐ Yes ☐ No |

Comments

4. Admissions: Admission 1 ☐ Respiratory Infection ☐ Other..... Duration (Days):.....
 Admission 2 ☐ Respiratory Infection ☐ Other..... Duration (Days):.....

Comments (Include IVs/Home IVs)

5. Drop ins: Month: ☐ Respiratory Infection ☐ Other.....
 Month: ☐ Respiratory Infection ☐ Other.....

Comments

6. Did the patient have Gastro Oesophageal Reflux (GOR) symptoms since last OPD ☐ **Yes** ☐ **No**
☐ Vomiting: times per day..... ☐ Wet Burps/Swallows/Heartburn..... ☐ Vomit with coughing
7. Did the patient have constipation/DIOS symptoms since last OPD ☐ **Yes** ☐ **No**
8. ☐ Crampy abdominal pain ☐ Need for laxatives ☐ Decreased stool frequency. Average number of stools per day since last OPD..... Consistency.....Other GI symptoms.....
9. Headache ☐ **Yes** ☐ **No** 10. Snoring ☐ **Yes** ☐ **No** 11. Nasal Congestion ☐ **Yes** ☐ **No** 12. Facial pain ☐ **Yes** ☐ **No**
 13. Last BAL/Bronchoscopy..... 14. Last HRCT..... 15. Last OGTT..... 16. Last Dexa.....

17. Medications

A..... B..... C.....
 D..... E..... F.....
 G..... H..... I.....
 J..... K..... L.....

18. Examination: General ☐ N ☐ Abn **Chest** ☐ N ☐ Abn **Nose** ☐ N ☐ Abn

Abdomen ☐ N ☐ Abn **Crackles** ☐ Yes ☐ No **Coryzal Symptoms** ☐ Yes ☐ No

Coughing on the day ☐ Yes ☐ No **Current Respiratory Infection** ☐ Yes ☐ No

Relevant findings:.....

Abnormal Lab results In last year ☐ *S.aureus* ☐ *S. pneumoniae* ☐ *M.catarrhalis* ☐ *H.influenza*
☐ *S.maltophillic* ☐ *Candida* ☐ *Aspergillus* ☐ *P.aeruginosa* ☐ *Other*

Comments

Last Sputum culture.....

19. Impression.....

20. Treatment changes:.....

☐ **Prescription for medications and antibiotic backup**

☐ **Vaccinations discussed**

Signature:

NMBI PIN/IMC:

Date :