CF PHYSICIAN ENCOUNTER FORM

NAME:	
DATE OF BIRTH:	
DATE OF VISIT:	**LOCATION**: ☐ Office ☐ Telehealth
WEIGHT: _____ KG _____ LB	**WEIGHT %**:
HEIGHT: _____ CM _____ IN	**BMI**:
REASON FOR VISIT:	
☐ Routine	☐ Transplant related
☐ Pulmonary Exacerbation	☐ Sinus infection
☐ Pulm complication other than Exacerbation	☐ Non-transplant surgery
☐ GI complication	☐ Other:
☐ NMT Infection	
EXACERBATION ASSESSMENT:	
Were there crackles (rales) on physical exam at this visit? ☐ Yes ☐ No ☐ Exam not done	
What was your assessment regarding pulmonary exacerbation at this visit? ☐ absent ☐ mild ☐ moderate ☐ severe ☐ don't know	
Was a follow up visit scheduled? ☐ Yes ☐ No ☐ unknown If Yes, indicate when:	
If you determined that an exacerbation was present, please select the treatment course prescribed to treat the exacerbation:	
☐ Increased airway clearance, exercise, and/or bronchodilators	
☐ Oral NON-quinolone antibiotic (e.g. azithromycin, Bactrim, Augmentin, etc)	
☐ Oral quinolone antibiotic (e.g. ciprofloxacin (Cipro), levofloxacin)	
☐ Inhaled antibiotic	
☐ Inhaled antibiotic PLUS Oral NON-quinolone antibiotic	
☐ Inhaled antibiotic PLUS an oral quinolone antibiotic	

☐ None of the above **If none of the above then specify**: Hospital/Home IV _____ Other _____	
CONSULTATIONS WITH CARE TEAM MEMBERS (completed):	
☐ Respiratory Therapy	☐ Dietitian/Nutritionist
☐ Pharmacist	☐ Physical Therapist
☐ Social Work	☐ Mental Health Coordinator

PULMONARY		
PFT/SPIROMETRY: ☐ Done ☐ Not Done ☐ Unable to Perform (Why? _____) Enter values below or attach report		
FVC (L)	Predicted (L)	% Predicted
FEV1 (L)	Predicted (L)	% Predicted
FEF 25-75 (L/sec)	Predicted (L/sec)	% Predicted
AIRWAY CLEARANCE (indicate if method is primary or secondary)		
☐ Cough (Primary/Secondary)	☐ Acapella Flutter Valve (Primary/Secondary)	☐ Exercise (Primary/Secondary)
☐ Vest (Primary/Secondary)	☐ Other: _____ (Primary/Secondary)	
MICROBIOLOGY		
Was routine sputum culture done? ☐ Yes ☐ No		
Sputum cultures was obtained by: ☐ Throat Swab ☐ Spontaneous cough ☐ Induced ☐ Bronchoscopy		
Sputum Culture Result: (Enter result or attach report)		
If pseudomonas present, it was ☐ Mucoid ☐ Non-Mucoid ☐ Unknown		
Was AFB sputum culture done? ☐ Yes ☐ No		

AFB Sputum Culture Result: (Enter result or attach report)		
GI/NUTRITION		
Was assessment of oral intake done? ☐Yes ☐No ☐Unknown		
Is patient taking CF specific vitamins? ☐Yes ☐No ☐Unknown		
Is patient taking pancreatic enzymes? ☐Yes ☐No ☐Unknown		
Is patient currently receiving supplemental feedings? ☐Yes ☐No ☐Unknown		
If patient is receiving supplemental feedings, by which route? ☐Oral ☐NG ☐G-Tube ☐J-Tube ☐TPN		
If patient using tube feedings, is patient using pancreatic enzymes with tube feedings? ☐Yes ☐No enzymes recommended for tube feeds If Yes, how is the enzymes given?		
☐Mixed with formula		
☐Administered directly through enteral tube		
☐By mouth prior, during and/or after feeding		
☐Formula infused through Relizorb		
☐Other:		
FOR CHILDREN UNDER AGE 2 YEARS		
Is patient on salt supplementation? ☐Yes ☐No		
Type of Feedings:		
☐Breast milk only	☐Breast milk and formula	☐Formula only
☐Other foods	☐Unknown	
If receiving any formula, select type and caloric density:		

☐Cow's milk ☐Soy ☐Predigested/hydrolyzed ☐Other
Caloric Density (Cal/oz): ☐20 ☐22 ☐24 ☐27 ☐30 ☐Other (specify): _____
MENTAL HEALTH SCREENING: ☐Yes ☐No ☐Unknown
MEDICATION (ATTACH LIST)
DRUG ALLERGY: ☐NKDA ☐List Any Drug Allergies:
DRUG INTOLERANCE: ☐List Any Drug Intolerances:

IF PATIENT HAS NO COMPLICATION(S), END HERE.

IF PATIENT HAS COMPLICATION(S), PLEASE CONTINUE TO NEXT PAGE.

CF RELATED COMPLICATIONS (Check all that apply):

Diabetes		
☐ Impaired Glucose Tolerance		
☐ CFRD w/wo Fasting Hyperglycemia ☐ Type 1 diabetes ☐ Type 2 diabetes		
Diabetes Secondary complications:		
☐ Retinopathy	☐ Peripheral Neuropathy	
☐ Microalbuminuria	☐ Chronic renal insufficiency	☐ Chronic renal insufficiency requiring dialysis
Hepatobiliary		
☐ Gallstones	☐ Gallstones requiring surgery	
☐ Liver Disease, Cirrhosis		
Complications Related to Cirrhosis:		
☐ Esophageal Varices	☐ Gastric Bleeding	☐ GI bleed related to varices
☐ Splenomegaly	☐ Hypersplenism	☐ Ascites
Acute Hepatitis (ALT 5x > ULN and duration of illness < 6 months)		
☐ Infectious (☐ HepA ☐ HepB ☐ HepC ☐ EBV ☐ CMV ☐ Other:)		
☐ Non-Infectious (☐ autoimmune ☐ drug-induced ☐ alcohol ☐ Other:)		
☐ Unknown		
Pulmonary		
☐ Asthma	☐ ABPA	☐ Pneumothorax requiring chest tube
☐ Hemoptysis: ☐ Massive ☐ Other		

ENT		
☐ Sinus disease (symptomatic)	☐ Nasal polyps requiring surgery	
☐ Hearing loss	☐ Other	
GU		
☐ Kidney stones	☐ Absent vas deferenes	☐ renal dialysis
Orthopedics		
☐ Arthritis/arthropathy	☐ Osteopenia	☐ Osteoperosis
☐ Bone fracture		
GI		
☐ GERD	☐ Peptic ulcer disease	☐ Pancreatitis
☐ C. Diff colitis	☐ Rectal prolapse	☐ Chronic constipation
☐ DIOS (including meconium ileus equivalent)		
☐ GI bleed requiring hospitalization non-variceal		
☐ Fibrosing colonopathy/colonic stricture		
☐ History of intestinal or colon surgery		
Mental/Behavioral Health		
☐ Anxiety d/o	☐ Depression	☐ Other
Other		
☐ Hypertension	☐ Cancer confirmed by histology	
☐ Other		
☐ Other		
☐ Other		