

CYSTIC FIBROSIS AFFILIATE CENTER

Annual Requirements

Year: _____

Name: _____

Date of Birth: _____

Things to do:

- Annual lab work
- Annual oral glucose tolerance test (if applicable)
- DXA scan (if applicable)
- Annual pulmonary function test
- Annual chest X-Ray
- Annual acid fast bacillus (if applicable)
- Sputum cultures (4 per year)
- Annual visit with Nutritionist/Dietitian
- Annual visit with Respiratory Therapist
- Annual screen for depression & anxiety (if applicable)
- Annual visit with Social Worker/Mental Health Coordinator
- Complete the XoC survey
- Complete the Patient Annual Demographic Form
- 4 spirometer readings per year (in-office or with home spirometer)

Keep track of your progress below!

Date of Visit	BMI	FEV1	Culture Done