

Pulmonary Fibrosis: Patient Medical Information Form



Pulmonary fibrosis (PF) is a progressive disease which causes scarring of the lungs making it hard for oxygen to leave the lungs and get around the body. It causes breathlessness and a persistent dry cough and impacts on mobility and a person's ability to perform ordinary, everyday tasks. Many patients are prescribed one of two anti-fibrotic drugs – Pirfenidone or Nintedanib. Some will also be prescribed oxygen which is unlimited, unlike prescriptions for those with other restrictive diseases like COPD where oxygen can be limited.

Name _____ Next of kin _____
Address _____ Address _____

Phone _____ Phone _____

D.O.B. _____

GP Name _____ Treatment Hospital _____
Address _____ Address _____

Phone _____ Phone _____

Respiratory Consultant _____ Respiratory Nurse _____

Is your pulmonary fibrosis idiopathic (of unknown cause)? Yes No

If you know the cause of your PF, such as Rheumatoid Arthritis or Hypersensitivity Pneumonitis, please describe here:

Are you prescribed oxygen? Yes No

If yes indicate which: Long-term(LTOT) Nocturnal (NOT) Ambulatory (OT) Palliative (POT)

What is your prescribed flow rate of oxygen in litres/min? At rest _____ On exertion _____

How is your oxygen administered? Home concentrator liquid portable concentrator cylinders

What treatment are you receiving for your PF?	Drug/treatment	Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any other health conditions, including drugs/treatment: _____
