OCCUPATIONAL ASTHMA Appendix 1 Suggested proforma for clinical assessment of possible cases

Surnan	ne		Clinic date		
Forena	me(s)	or attach patient id label	Consultant		
DOB		or attach patient in laber	Referred by (tick)	GP	
Unit Nu	mber		by (tick)	Occ Health	
NHS Number			Height (cm)	Consultant	
Age	Sex		(OIII)	Other (state)	

Full Occupational History

Occupation	Dates	Tasks	Exposures
-	From		
	_		
	То		
	From		
	То		
	F		
	From		
	То		

Full Occupational History

Occupation	Dates	Tasks	Exposures
	From		-
	T-0		
	То		
	From		
	110111		
	То		
	From		
	То		
	10		
	From		
	То		
	From		
	То		
	. •		
L			l

Presenting Feature(s) tick each appropriate feature

Symptom	Yes	Tick if work related	Smoking History	Tick Box	Pack Years
Wheeze			Current Smoker		
Cough			Ex Smoker		
Dyspnoea			Never Smoker		
Chest tightness Ocular symptoms Nasal symptoms Other (state)			Cigarettes Cannabis Other inhaled/IV drug	gs of abuse	

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Dyspnoea		Never Smoker		
Chest				
tightness		Cigarettes		
Ocular				
symptoms		Cannabis		
Nasal				
symptoms		Other inhaled/IV drug	s of abuse	
Other (state)			,	
Other (oldie)				
History of current sy	mptoms			
Past Medical History				
Social History/ Family	y History			
Current Medication				
Physical Examination	n			

Investigation	Date	Result(s) or re	ason not	carri	ied out	
Pulmonary Function			Measured		Predicted	%Predicted
. amienary i amenen		FEV ₁	modeare		Todiotod	701 10010100
Pre or Post		FEV ₁ post bd				
bronchodilator values?		FVC				
biolicilodilator values:						
		FEV₁/FVC				
		TL _{CO}				
		K _{CO}				
		PEF				
OVD / UDOT/ Others	T	Niconal (Call)	T			
CXR / HRCT/ Other		Normal (tick)				
(please delete)		If not what appea	arances			
Blood screen			Normal (t	ick)	Abnormal	(please state)
		FBC				
		U&Es				
		LFTs	1			
		Spec IgE				
		(What agent(s))				
		Other(s) (state)				
Skin prick tests		Allergen	Wheal siz	o mn	<u> </u>	
Skill prick tests		Allergen	VVIIEdi Siz	.e	ı	
		Control				
Coriol DEE	T	0 A C V C ord . off	t in day/a	.\		
Serial PEF		OASYS work effe	ect index(es	s)		
on/off treatment (delete)						
If on Rx what?		Other comments				
ii oii iix wiiac.		Outlot commonts				
Nian and Mills		DD / DC / : :	- (-)			
Non specific bronchial		PD ₂₀ / PC ₂₀ (del	ete) =			
challenge						
Histamine/ methacholine/		Comments				
other (please delete)						
Method used?						
Charifia branchial	T	Agent				
Specific bronchial		Agent				
challenge		Commercials				
		Comments				
Workplace challenge /		Comments				
Return to work study		Comments				
(delete)						
	•	•				

What patient understands
Patient advice given
Advice to OH(with consent)
Advice given re Potential industrial injury claim
Plan