PATIENT IDENTIFIABLE INFORMATION MUST NOT BE INCLUDED

CASE SUBMISSIONS MUST BE YOUR OWN PATIENT

Not all sections of this template need to be completed or completed in detail. Please provide the necessary information for consideration and discussion of your case and questions.

Please complete this form electronically and submit to: ECHO@sapmea.asn.au

# 1. Patient background information

* Age and Gender:
* Does the patient identify as Aboriginal and/or Torres Strait Islander?
* Family & Social support network:
* Other relevant background information:

# 2. COPD Diagnosis / Symptoms

*Please specify the year of onset, exposure to key risk factors, occupational history, provoking or improving factors, symptoms, frequency, and interference with daily and/or social life.*

**If diagnosed, how long between symptom onset and diagnosis?**

**How was diagnosis of COPD confirmed?**

**Does the patient have a written COPD Action Plan?**

**Has the patient participated in Pulmonary Rehab?**

**Has the patient been admitted to hospital for an exacerbation/s?**

* **If yes, were they referred to PR upon discharge?**
* **If yes, did they complete the prescribed course?**

# 3. Other relevant medical history

*Please refer to co-morbidities in* [*COPD-X Guidelines*](https://copdx.org.au/wp-content/uploads/2022/03/COPDX-V2-64-Q2-2021_PUBLISHED.pdf) *(Chapter 07. Comorbidities).*

# 4. Medications, including oxygen prescription if applicable (please specify dosage)

* **Current medication/s**
* **Past Medication/s**

**Has the patient had a HMR?**

# 5. Relevant tests, investigations & imaging

*Please specify the type, date, and results.*

*E.g. FBE, Pulmonary Function Tests, Bone Mineral Density, CXR / CT Chest / echocardiogram/ other cardiac*

# **6. Relevant alcohol, smoking and/or drug use/ physical activity**

# 7. Other comments/information

# 8. What are your questions for the COPD ECHO Network? (Please list)