|  |
| --- |
| Name or ID |

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_\_\_\_ (dd/mm/yy)

Always draw a family tree

|  |
| --- |
| Consanguinity O no O yes |

**Initial pulmonary diagnosis**

**Initial non-pulmonary diagnosis**

Patient´s nationality \_\_\_\_\_\_\_\_\_\_ language \_\_\_\_\_\_\_\_\_\_\_\_

Parent´s ethnicity Mother O Caucasian O other (which): \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Father O Caucasian O other (which): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient´s occupation Mother´s occupation Father´s occupation

Chronic diseases or deaths of relatives

caused by interstitial lung disease? O no O yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(who/what)

caused by other diseases? O no O yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(who/what)

Gestational age \_\_\_\_\_ WGA if unknown: \_\_\_\_\_ term/ preterm Birth-weight \_\_\_\_\_ g

Respiratory symptoms after births O no O yes

Need for oxygen after births O no O yes for \_\_\_\_\_ days

Need for ventilation after births O no O yes for \_\_\_\_\_ days

Start of lung disease \_\_\_/\_\_\_ (date mm/yy) or \_\_\_\_\_\_ (age in months)

Date of diagnosis \_\_\_/\_\_\_ (date mm/yy) or \_\_\_\_\_\_ (age in months)

Start of disease O gradually O suddenly O suddenly after infection O unknown

|  |
| --- |
| **Minor neural dysfunction**  Fine manipulative disability O no O yes  Dyscoordination O no O yes  Choreiform Dyskinesia O no O yes  Dysfunctional posture and muscle tone O no O yes  Dysfunctional Reflexes O no O yes  Excessive associated movements O no O yes  Sensory deficits O no O yes  Cranial nerve dysfunction O no O yes |

**History of exposure (EPR-3)**

diagnosis of Asthma (by physician) O no O yes

family members with diagnosis of Asthma O no O yes

atopic allergies O no O yes

recurrent difficulty in breathing O no O yes

history recurrent wheezing O no O yes

history of cough O no O yes

worsening of symptoms (after exercise) O no O yes

pets in household O no O yes

mould in household O no O yes

birds/ feather exposure O no O yes

**Co-morbidities**

1 Failure to thrive, 2 Autoimmune, 3 Immuno-deficiency, 4 heart, 5 Gut, 6 Kidney, 7 Liver, 8 Lymph.-System, 9 Musculoskeletal, 10 Nervous-System, 11 Skin/Dermatomorphic sign, 12 Thyroid, 13 Other