

DATE:		
NAME OF PATIENT		BIRTHDATE
MCP NO.		
SPIROMETRY		
DATE	PATIENT'S FEV ₁ AS A PERCENT OF THEIR PREDICTED VALUE	FEV ₁ /FVC RATIO
<input type="checkbox"/> CONFIRMATION OF A POST-BRONCHODILATOR FEV ₁ /FVC RATIO OF < 0.7 FOR A COPD DIAGNOSIS		
<input type="checkbox"/> ORDERED <input type="checkbox"/> COMPLETE <input type="checkbox"/> UNABLE TO PERFORM Explain:		
COPD CLASSIFICATION		
BY SPIROMETRY: <input type="checkbox"/> MILD (FEV ₁ >= 80%) <input type="checkbox"/> MODERATE (FEV ₁ 50-79%) <input type="checkbox"/> SEVERE (FEV ₁ 30-49%) <input type="checkbox"/> VERY SEVERE (FEV ₁ <30%)		
SMOKING STATUS		
<input type="checkbox"/> SMOKER <input type="checkbox"/> NEVER SMOKED <input type="checkbox"/> EX-SMOKER Quit Date:		
<input type="checkbox"/> OTHER INHALED SUBSTANCE		
<input type="checkbox"/> REFER TO SMOKING CESSATION PROGAM		
VACCINATIONS		
<input type="checkbox"/> ANNUAL FLU Date:		<input type="checkbox"/> PNEUMOCOCCAL Date:
ASSESSMENT		
<u>CURRENT COPD SYMPTOMS/ACTIVITY</u>		
COUGH/WHEEZE	<input type="checkbox"/> NONE <input type="checkbox"/> SAME <input type="checkbox"/> LESS <input type="checkbox"/> MORE	
SPUTUM (<i>volume, purulence</i>)	<input type="checkbox"/> NONE <input type="checkbox"/> SAME <input type="checkbox"/> LESS <input type="checkbox"/> MORE	
DYSPNEA	<input type="checkbox"/> NONE <input type="checkbox"/> SAME <input type="checkbox"/> LESS <input type="checkbox"/> MORE	
FATIGUE	<input type="checkbox"/> NONE <input type="checkbox"/> SAME <input type="checkbox"/> LESS <input type="checkbox"/> MORE	
CURRENT ESTIMATED WEIGHT:		
WEIGHT LOSS/GAIN	<input type="checkbox"/> NO CONCERNS	YES:
SLEEP DISTURBANCE	<input type="checkbox"/> NO CONCERNS	YES:
<u>CURRENT FUNCTIONAL STATUS</u>		
mMRC DYSPNEA SCALE		
<input type="checkbox"/> Grade 0 - I only get breathless with strenuous exercise		
<input type="checkbox"/> Grade 1 - I get short of breath when hurrying on level ground or walking up a slight hill		
<input type="checkbox"/> Grade 2 - On level ground, I walk slower than people of the same age because of breathlessness, or I have to stop for breath when walking at my own pace on the level		
<input type="checkbox"/> Grade 3 - I stop for a breath after walking about 100 yards or after a few minutes on level ground		
<input type="checkbox"/> Grade 4 - I am too breathless to leave the house, or I am breathless when dressing		
<u>EXACERBATIONS</u>		
AECOPD SINCE LAST VISIT <input type="checkbox"/> NO <input type="checkbox"/> YES		
DATE OF LAST EXACERBATION:		COMMENTS:
<input type="checkbox"/> REVIEW FLARE-UP ACTION PLAN (IF CLINICALLY APPROPRIATE)		
<input type="checkbox"/> SHORT ACTING BRONCHODILATOR (FOR INITIAL TREATMENT OF ACUTE EXACERBATIONS)		
<input type="checkbox"/> ORAL CORTICOSTEROIDS (E.G. PREDNISONE) (FOR MOST MODERATE TO SEVERE COPD EXACERBATIONS)		
<input type="checkbox"/> ANTIBIOTIC TREATMENT (FOR PATIENTS PRESENTING WITH SYMPTOMS AND RISK FACTORS FOR BACTERIAL INFECTION)		
<input type="checkbox"/> REVIEW OF MEDICATIONS, INHALER TECHNIQUE, SIDE EFFECTS AND COMPLIANCE COMMENTS:		
<input type="checkbox"/> DISCUSS AND EVALUATE INHALER USE		
<input type="checkbox"/> STEP 1: LAMA MONOTHERAPY		
<input type="checkbox"/> STEP 2: LAMA/LABA COMBINATION (IF PERSISTENT BREATHLESSNESS/EXACERBATIONS)		
<input type="checkbox"/> STEP 3: TRIPLE THERAPY (ADDITION OF ICS, IF RECURRENT EXACERBATIONS)		
<input type="checkbox"/> ADDITIONAL ADD-ON THERAPIES FOR EXACERBATION REDUCTION		
<input type="checkbox"/> OTHER THERAPY COMBINATION COMMENTS:		
PATIENT SELF MANAGEMENT		
<u>EDUCATION</u>		
<input type="checkbox"/> DISCUSS TRIGGERS AND RISK OF EXACERBATIONS		<input type="checkbox"/> DISCUSS ADVANCE CARE PLANNING
<u>SET LIFESTYLE MANAGEMENT GOALS</u>		
<input type="checkbox"/> ENCOURAGE PHYSICAL ACTIVITY		<input type="checkbox"/> DISCUSS MEAL PLANNING AND NUTRITION
<u>PSYCHOSOCIAL</u>		
SCREENED FOR ADDICTION, DEPRESSION, ANXIETY, OTHER STRESSORS <input type="checkbox"/> NO CONCERNS		YES:
PATIENT GOALS:		
FOR CONSIDERATION IF CLINICALLY APPROPRIATE		
<input type="checkbox"/> REFERRAL TO SPECIALIST		<input type="checkbox"/> SUPPLEMENTAL OXYGEN
<input type="checkbox"/> REFERRAL TO PULMONARY REHAB		<input type="checkbox"/> REFERRAL TO REMOTE PATIENT MONITORING