

**Patient COPD review**

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Please use the form below if your COPD is stable and controlled. If this is not the case, then please book a COPD consultation with one of our respiratory nurses to review the management of your COPD and medication.

Please answer ALL the questions on the form and email it to us at reception.harbourside@nhs.net or hand it to a member of our reception team. We also have a post box on the outside of the building to the left of the main reception doors that you could put your completed questionnaire in.

If your symptoms are deteriorating or you have any concerns, please make an appointment with the respiratory nurse or a doctor.

It is really important to have good oral hygiene with inhaler use. If you are not sure about this, please ask.

**If you are using your blue or reliever inhaler more than THREE times a week on a regular basis, please book a face to face review.**

**Note:** By using this form you will be sending information about yourself across the Internet. We use a secure email service. Whilst every effort is made to keep this information secure, you should be aware that we cannot offer any guarantee of absolute privacy. If this matter concerns you then please print off the form, complete it and return to the surgery.

**Personal Information:** Personal information retained on this system is stored in a secure data centre located in the UK and is treated as confidential.

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| **COPD ANNUAL REVIEW QUESTIONNAIRE**All questions contained in this questionnaire are strictly confidential and will become part of your medical record. |
| Name  |  |  | Date of birth:  |
| **Home Phone:**  |  | **Mobile phone:** |
| Email address:  |
| Address: |  | Postcode:  |  |
|  |
| Please complete with as much detail as possible |
| When was your COPD diagnosed? | [ ]  Less than 5 years ago |
| [ ]  More than 5 years ago |
| [ ]  More than 10 years ago Please provide a date, if known: |
|  |
| 1. **Do you take your inhalers as prescribed?**
 | [ ]  Yes [ ]  No |
| For advice on how to use your inhaler please visit the Asthma UK website. Go to: <https://www.asthma.org.uk/advice/inhaler-videos/>Alternatively ask at your pharmacy or come into the surgery for an appointment with one of our respiratory nurses. Correct inhaler technique is very important in the management of your COPD. |
| 1. **Have you had any COPD exacerbations in the last 12 months requiring antibiotics or oral steriods?**
 | [ ]  No [ ]  Yes. If yes, how many? …… |
|  |
| 1. **Have you attended A&E with COPD in the last 12 months?**
 | [ ]  No [ ]  Yes   |
|  |
| 1. **What is your height?**
 |  |
|  |  |
|  |
| 1. **What is your weight?**
 |  |
|  |  |
|  |
| 1. **Smoking status**
 | [ ]  SmokerIf yes, how many do you smoke each day? ………………………. |
| [ ]  Ex-smokerIf yes, when did you quit? ……….. |
| [ ]  Non-smoker |
|  |
| 1. **Have you had your annual seasonal flu jab?**
 | [ ]  No | [ ]  Yes |
| If no, please contact the surgery to book an appointment. Flu vaccinations are available annually, between September & March. [ ]  I decline a flu vaccination |
|  |
| 1. **Would you feel confident recognizing a COPD exacerbation or respiratory infection?**
 | [ ]  No [ ]  Yes   |
|  |
| 1. **Please pick the statement that you feel best fits your symptoms**
 | [ ]  Not troubled by breathlessness except on strenuous exercise |
| [ ]  Short of breath when hurrying or walking up a slight hill |
| [ ]  Walk slower than contemporaries on level ground because of breathlessness, or have to stop for breath when walking at own pace |
| [ ]  Stop for breath after walking about 100m or after a few minutes on level ground |
| [ ]  Too breathless to leave the house, or breathless when dressing or undressing |
|  |

Please Turn Over

