

Patient Consultation Request for Endobronchial Valve Treatment

Treatment Program Name:

Patient Consultation Request Date:

Patient Inclusion Criteria

- Symptomatic advanced COPD/emphysema
- $FEV_1 < 50\%$ predicted
- 6MWD = 100-500 meters or 328-1640 feet

Endobronchial Valve Program Information

Valve Program Physician Name:

Physician Contact:

Valve Program Coordinator Name:

Coordinator Contact:

Send form via:

Attention:

Call with Questions:

Please send this form with the patient's Face Sheet and the notes from the last clinic visit. Attach the most recent PFTs.

Referring Provider Information

Referring Provider:

Practice Name:

Office Phone:

Fax:

Provider Email:

EMR System:

Patient Information

Patient Name:

Date of Birth:

Patient Mobile Phone:

Patient Home Phone:

Patient Email:

Pulmonary Diagnosis:

Patient Diagnostics

| | | |
|--|--|--|
| Confirmed diagnosis of advanced COPD/emphysema | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Spirometry Result: $FEV_1 < 50\%$ predicted | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6MWD = 100-500m / 328-1640 ft Walk for distance on baseline O_2 , without O_2 titration | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Body Plethsmography RV > 150 predicted (if available, not required) | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Not available |
| Non-smoking or in smoking cessation program | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | (must be willing to quit smoking prior to treatment) | |
| Prior or current pulmonary rehab (not required) | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| BMI | | |