

OCCUPATIONAL ASTHMA

Appendix 1

Suggested proforma for clinical assessment of possible cases

Surname		<i>or attach patient id label</i>	Clinic date			
Forename(s)			Consultant			
DOB			Referred by (tick)	GP		
Unit Number				Occ Health		
NHS Number			Height (cm)	Consultant		
Age	Sex			Other (state)		

Full Occupational History

Occupation	Dates	Tasks	Exposures
	From To		
	From To		
	From To		

Full Occupational History

Occupation	Dates	Tasks	Exposures
	From To		

Presenting Feature(s) *tick each appropriate feature*

Symptom	Yes	Tick if work related	Smoking History	Tick Box	Pack Years
Wheeze			Current Smoker		
Cough			Ex Smoker		
Dyspnoea			Never Smoker		
Chest tightness			Cigarettes Cannabis Other inhaled/IV drugs of abuse		
Ocular symptoms					
Nasal symptoms					
Other (<i>state</i>)					

History of current symptoms

Past Medical History

Social History/ Family History

Current Medication

Physical Examination

Investigation	Date	Result(s) or reason not carried out			
Pulmonary Function Pre or Post bronchodilator values?			Measured	Predicted	%Predicted
		FEV ₁			
		FEV ₁ post bd			
		FVC			
		FEV ₁ /FVC			
		TL _{CO}			
		K _{CO}			
		PEF			
CXR / HRCT/ Other <i>(please delete)</i>		Normal <i>(tick)</i>			
		If not what appearances			
Blood screen			Normal <i>(tick)</i>	Abnormal <i>(please state)</i>	
		FBC			
		U&Es			
		LFTs			
		Spec IgE (What agent(s))			
		Other(s) (state)			
Skin prick tests		Allergen	Wheal size mm		
		Control			
Serial PEF on/off treatment <i>(delete)</i>		OASYS work effect index(es)			
		If on Rx what? Other comments			
Non specific bronchial challenge Histamine/ methacholine/ other <i>(please delete)</i> Method used?		PD ₂₀ / PC ₂₀ <i>(delete)</i> =			
		Comments			
Specific bronchial challenge		Agent			
		Comments			
Workplace challenge / Return to work study <i>(delete)</i>		Comments			

Provisional Diagnosis

What patient understands

Patient advice given

Advice to OH(with consent)

Advice given re Potential industrial injury claim

Plan