

Sarcoidosis

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has had sarcoidosis, please answer the following:

1. List date of first diagnosis: _____ Was a biopsy done? _____ Stage: _____

2. How was the sarcoid treated?

no treatment prednisone

Date treatment was completed: _____

3. Is your client on any medications including any inhalers?

yes, please give details _____

no

4. What organs were involved? (Check all that apply)

lung kidney
heart central nervous system
liver or spleen skin
eyes lymph nodes

5. Please give results of the most recent pulmonary function tests (if available):

FVC _____ FEV1 _____

6. Has there been any evidence of recurrence/progression?

yes, please give details _____

no

7. Has your client smoked cigarettes in the last 12 months?

yes, please give details _____

no

8. Does your client have any other major health problems (ex: cancer, etc.)?

yes, please give details _____

no