Mandatory to complete shaded boxes:

Smoking History:	Ave no. cigs day=	Pack years (if known)	Suspected Infection
Current ☐ Ex ☐ Never ☐	No. of years smoked to date=	....	Yes ☐ No ☐

| MRC dyspnoea 1 2 3 4 | FEV1 % of Predicted:......... | Exacerbations /yr:......... | |
| CAT (0-30) | FEV/FVC:......... | (steroids, admission) | |

GOLD (new)	GOLD (traditional)	eCO	Visit no
A ☐ B ☐ C ☐ D ☐	Mild ☐ Moderate ☐ Severe ☐	Height (m)	BMI (if known) ....
	COPD ☐ Lung cancer ☐	Weight (kg)	....
	Healthy Control ☐		
	Other ☐ Specify:.........		

Consent Date	Consent by
/ /	....

Medical History:

1.	4.	7.
2.	5.	8.
3.	6.	9.

Drug History:

1.	4.	7.
2.	5.	8.
3.	6.	9.
10.	11.	12.

ANTIMICROBIALS NAME			

white blood cell count

WBC	O₂ Sats %	FiO₂=
CRP	pH PCO₂	PO₂
CXR:		