COPD Cai	r e Map for Follow-Up Asse	Primary C	Care	Demographics N/A Client Name (please print) N/A						
Date V YYYY/MM/DD Referring health care provide		Healthcare Profe	Unscheduled essional Role Typ	Client Identifier Type Client Identifier Assigning Authority e.g Jurisdictional Health Number e.g OHIP						
Provider identifier assignin	g authority	e.g respirologist Provider Identifie	er Type	Anthropon	netric Vita	als		N/A		
e.g Regulatory body for physic	ians & surgeons	e.g provider billing	number			Г				
Reason for referral Height cm BMI										
New COPD Diagnos		Suspected COPD		Weight	kg	Sp02	L/min			
Other										
COPD Diagnosis*			N/A							
Unknown Confirmed VYYY/MM/DD Date Confirmed/Excluded (If uncertain indicate "unknown" in the provided field) Asthma COPD Overlap										
Suspected		# Age COPD	was confirmed			Spirometr	y attached			
*ensure a diagnosis of COF Post-bronchodilator FEV ₁ /F			r spirometry tes	ting to meet	the Canadian T	horacic Soc	iety criteria			
Appointment Type										
Scheduled Ye	es 🗌 No		Pos	t ED Visit	Yes	No				
Post Hospital Visit	Yes	No								
If yes: Within	7 days post-hosp	ital visit 🗌 V	Within 14 days p	ost-hospital	visit 🗌 N	lore than 14	days post-hospita	al visit		
Medications							 u	Jnchanged since last visit	N/A	
Respiratory Medications	Drug Name		Strength (Unit of Measure)	Dose form (device type)	Route	Rx Date	Adherence issues known or suspected	Yes Patient has a spacing	No	
Short acting β -agonist (SABA)							Yes No	device		
Short acting muscarinic antagonist (SAMA)							Yes No	Does at least one prescribed medication allow for a spacing device		
Long acting β -agonist (LABA)							Yes No	to be used? Unfilled prescriptions.		
Long Acting Muscarinic Antagonist (LAMA)							Yes No	In the last 6 months has the patient been prescribed any COPD medications he/she has not		
Inhaled Corticosteroid (ICS)							Yes No	obtained.		
LAMA/LABA							Yes No	Past Medications		
ICS/LABA							Yes No			
ICS/LABA/LAMA							Yes No			
Antibiotics							Yes No			
Macrolide							Yes No			
Prednisone							Yes No			
Other							Yes No	Yellow Zone Medications		
Other							Yes No			
Other Image: Constraint of the sector of the s										
Oxygen Therapy: L/ min at restL/min on exertion L / min during sleep										
SABA use <pre>SABA use </pre> <1 canister/ month <pre>1-2 canister/ month > 1 canister/ month</pre>										

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Client Name		Jurisdictional	l Health Number						
Family History of Lung Disease	N/A	Current Sympto	oms	N/A					
	·	Breathlessness Chest tightness Wheeze	s at r	est on exertion Yes No					
Allergy Parent Siblir	-	Cough							
Alpha-1 Antitrypsin Parent Siblir	-	Sputum production							
Asthma Parent Siblir	-	Sputum colour Sputum consistency Sputum volume							
		Hemoptysis*							
Physicial Exam	N/A	Frequent colds							
Normal breath sounds Abnorma If abnormal, select auscultory finding Wheezes Crackles Reduced Breat Sounds	I breath sounds ath Bronchial (harsh and prolonged inspiration and expiration)	If yes frequency 0-3/year 4-7/year ≥8/year Colds that last longer than 7 days □ □ Symptoms worse at night (including cough) □ □							
Barrel chested Clubbing Cach	. ,	Chest pain Limitation of ac	tivities at home						
		Sleep soundly							
Vitals: HR RR BF		Decreased ener	rgy level						
		*This symptom mu	ist be reported to the client's provider						
Smoking	_		Creating Ocception Quit Int	N/A					
Smoking Status Non-Smoker E	x-Smoker 🔄 Smoker (# of cig	garettes per day	_) Smoking Cessation Quit Int Are you planning to quit smoking						
Quit Date YYYY/MM/DD	Pack Years		within a month	within 6 months					
	Cig Smoked/day Years sr		s beyond 6 months not planning to quit						
Quit Duration	/20 X	=	Ctores of Change Address	ad					
When was the last time you smoked a cigarette, even a puff?	Smoke Type		Stages of Change Address						
> 6 months 1-6 months < 1 month	non-traditional tobacco (e.g.	cigarettes/ cigarillo/ ci	igar) action mainten	contemplation preparation ance					
	Cannabis use e-cigare	ette user	Smoking Cessation Addres	sed					
Passive Smoking Risk	traditional tobacco (e.g. smuc	lging ceremonies)	Ask Advise	Arrange					
Yes No			Smoking Cessation Aids						
	Inhalation vapor user he	ooka 🔄 shisha	Nicotine Replacement Therapy (NRT) Prescription medication (e.g., varenicline, bupro						
COPD Healthcare Utilization			Barriers	N/A					
Visit(s) to primary care physician in the last	12 months for COPD symptoms		Barriers Yes No	(If yes select from the list below) Yes No					
Yes No Unknown			Adherence						
If Yes, indicate the number of primary care visits for	Г		Cultural issue						
Routine primary care visits	Urgent primary care visits		Financial issue						
Visit(s) to a specialist for COPD Yes	No Unknown Last 12 M	lonths	Lack of private drug plan						
Respirologist			Language						
General Internist			Literacy						
Allergist			Medication side effects						
			Other						
Ye ED visits since last visit	es No Unknown Recent <	1yr Total # ever							
Hospitalized since last visit			Effect of substances addiction	Yes No					
			Social/Family issue	Yes No					
ICU admissions since last visit	# ICU admissi	ons # intubations							
Systemic steroid use since last visit	Date last use	ed Total # ever							

mMRC 1: only get treatmess with strenuluis evention Depony	Client Name			Jurisdictional	l Health	Number				
mMRC 1: day get break must write working on the level or walking up asight hill Expoor Expoor Expoor Expoor Expoor Ves No Unknown No No </td <td>Modified Med</td> <td>lical Research Council Classification 🛛 🗌 N/</td> <td>A Trigge</td> <td>rs and Exposures</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>N/A</td>	Modified Med	lical Research Council Classification 🛛 🗌 N/	A Trigge	rs and Exposures						N/A
mMRC1: 1: get SOB when humying on the level or walking of a slight hil. Category Support the level of the same age on the level, or stop for breakt when walking at mMRC2 is used for breakt when walking at mMRC2. Even is low of the same age on the level, or stop for breakt when walking at mMRC2. Even is low of the the same age on the level, or stop for breakt when walking at mMRC2. Even is low of the the same age on the level, or stop for breakt when walking at mMRC2. Even is low of the the same age on the level. Even is low of the same age on the level. Even is l	mMRC 0): I only get breathless with strenuous exertion	Have th	ere been any change	es to your	triggers o	or exposures s			/es 📃 No
a šight hill mMKC 2: Ivak slover than other people of the same age mm on pace a singht hill mMKC 3: Isop for breath after walking 100 meters or after a few minutes cats			In If yes sele	ct patient reported triggers			Unknown		_	Unknown
on the level, or stop for breath when walking at mVRC 3: Letop for breath after valking 100 meters or after 4 few minutes Cate			& exposu	res from list.						
my own pace Cats	mMRC 2		Beta Bl	ockers						
after a few minutes Cockroaches		· · ·	Cats							
mMRC 4: I am too breathless to leave the house or I am breathless when dressing or undressing Cockroaches	mMRC 3		Chemio	cals						
CAT Score (https://www.catestonline.org) N/A CAT Score (https://www.catestonline.org) N/A Supper limit of normal in healthy non-smokers Emotion/Stress			Cockro	aches						
CAT Score Impact level Dust/Dust mites			Cold ai	r/ Windy day						
s Upper limit of normal in healthy non-smokers Emotion/ Stress	CAT Score (h	ttps://www.catestonline.org)	A Dogs							
s Opper limit of holina in hearity holination in leasity holination in the last yet (moderate in place)	CAT Score	Impact level	Dust/D	ust mites						
<10	5	Upper limit of normal in healthy non-smokers	Emotio	n/ Stress						
10 - 20 Medium Fireplace/Woodstove		Low	Exercis	e						
> 20 High Food allergy			Firepla	ce/Woodstove						
> 30 Very High Fumes			Food a	llergy						
CAT Score Fungi/Mould		5	Fumes							
CTS severity score (symptom burden and the risk of		Very High	- Fungi/I	Vould						
future exacerbations) High humidity				S						
Mild: CAT < 10, mMRC 1, No AECOPD*				umidity						
Moderate: CAT ≥ 10, mMRC ≥ 2, Low Risk of AECOPD* Severe: CAT ≥ 10, mMRC ≥ 2, High Risk of AECOPD* *Patients are considered at Low Risk of AECOPD with ≤ 1 moderate AECOPD in the last year (moderate AECOPD is an event with prescribed admission? ED visit; or at High Risk of AECOPD with ≥ 2 moderate AECOPD is an event with prescribed admission? ED visit; or at High Risk of AECOPD with ≥ 2 moderate AECOPD is an event with prescribed admission? ED visit; or at High Risk of AECOPD with ≥ 2 moderate AECOPD is an event with prescribed admission? ED visit; or at High Risk of AECOPD with ≥ 2 moderate AECOPD is an event with z 2 moderate AECOPD with ≥ 2 moderate AECOPD with ≥ 2 moderate AECOPD is an event with z 2 moderate AECOPD with z 2 moderate AECOP			Medica	ations					$\overline{\Box}$	\Box
Moderate: CAT ≥ 10, MMRC ≥ 2, LoW Risk of AECOPD* Severe: CAT ≥ 10, MMRC ≥ 2, High Risk of AECOPD* *Patients are considered at Low Risk of AECOPD with ≤ 1 moderate AECOPD in the last year (moderate AECOPD is an event with prescribed antibiotic and/or oral corticosteroids), and did not require hospital admission? ED visit, or at High Risk of AECOPD with ≥ 2 moderate AECOPD or raisevere exacerbation in the last year (severe AECOPD is an event requiring hospitalization or ED visit). Occupational History Has your occupation changed since last visit? Yes NO If yes, fill out/click on options below. N/A Current Employment Status: Check all the apply. Notified duties Off work due to respiratory health Retired Other Current Employment Status: Check all the apply. No dified duties Off work due to respiratory health Retired Other Current Employment Status: or the shift work Modified duties Off work due to respiratory health Retired Other Current Employment Significant work exposure N/A Environmental Controls Yes No (If Yes, Select patient-reported, control measures in place. Optional: repeat questions for individuals with a secondary home.) Yes No Yes No Suggested Humidifier in winter (desired target < 50%)			Outdoo	or pollution			\square		$\overline{\Box}$	\square
Severe: CAT ≥ 10, MMRC ≥ 2, High Risk of AECOPD Severe: CAT ≥ 10, MMRC ≥ 2, High Risk of AECOPD Severe: CAT ≥ 10, MMRC ≥ 2, High Risk of AECOPD Severe: CAT ≥ 10, MMRC ≥ 2, High Risk of AECOPD Severe: CAT ≥ 10, MMRC ≥ 2, High Risk of AECOPD Severe: CAT ≥ 10, MMRC ≥ 2, High Risk of AECOPD Severe: CAT ≥ 10, MMRC ≥ 2, High Risk of AECOPD Severe: CAT ≥ 10, MMRC ≥ 2, High Risk of AECOPD Severe: CAT ≥ 10, MMRC ≥ 2, High Risk of AECOPD Severe: CAT ≥ 10, MMRC ≥ 2, High Risk of AECOPD Severe: CAT ≥ 10, MMRC ≥ 2, High Risk of AECOPD Severe: CAT ≥ 10, MMRC ≥ 2, High Risk of AECOPD Severe: CAT ≥ 10, MMRC ≥ 2, High Risk of AECOPD Severe: Cat ≥ 10, MMRC ≥ 2, High Risk of AECOPD Severe: Cat ≥ 10, MMRC ≥ 2, High Risk of AECOPD Severe: Cat ≥ 10, MMRC ≥ 2, High Risk of AECOPD Severe: Cat ≥ 10, MMRC ≥ 2, High Risk of AECOPD Severe: Cat ≥ 10, MMRC ≥ 2, High Risk of AECOPD Severe: Cat ≥ 10, MMRC ≥ 2, High Risk of AECOPD Severe: Cat ≥ 10, MMRC ≥ 2, High Risk of AECOPD Severe: Cat ≥ 10, MMRC ≥ 2, High Risk of AECOPD Severe: Cat ≥ 10, MMRC ≥ 2, High Risk of AECOPD Severe: Cat ≥ 10, MMRC ≥ 2, High Risk of AECOPD Severe: Cat ≥ 10, MMRC ≥ 2, Monore: Severe: Cat ≥ 10, MMRC ≥				-						
Patients are considered at Low Risk of AECOPD with \$1 moderate AECOPD in the last year (moderate AECOPD is an event with prescribed antibiotic and/or oral corticosteroids), and did not require hospital admission/ ED visit; or at High Risk of AECOPD with 2 moderate AECOPD or \$1 severe exacerbation in the last year (severe AECOPD is an event requiring hospitalization or ED visit). Ragweed Ragweed Image: Comparison of CD visit) Occupational History Has your occupation changed since last visit? Yes NO If yes, fill out/click on options below. N/A Current Employment Status: Check all the apply. Note - This includes self-employment and working from home: Image: Current Employment Image: Current Employment Significant work exposure Current Employment No (If Yes, Select patient-reported, control measures in place. Optional: repeat questions for individuals with a secondary home.) N/A Environmental Controls Yes No Suggested Yes No Suggested Air conditioning in summer Yes No Suggested Yes No Suggested Air conditioning in summer Humidifier in winter (desired target < 50%)	Severe:	CAT \geq TU, MMRC \geq 2, High Risk of AECOPD								
AECOPD in the last year (moderate AECOPD is an event with prescribed antibiotic and/or oral corticosteroids), and did not require hospital admission/ ED visit, or at High Risk of AECOPD with ≥ 2 moderate AECOPD is an event requiring hospitalization or ED visit). Respiratory Infections Image: Cortex and Cortex a				ed						
admission/ED visit, or at High Risk of AECOPD with ≥ 2 moderate AECOPD Second hand smoke Image: Control of the second status is a new of the second status is check all the apply. Occupational History Has your occupation changed since last visit? Yes NO If yes, fill out/click on options below. N/A Current Employment Status: Check all the apply. Note - This includes self-employment and working from home: Image: Current Employment and working from home: Image: Current Employment Image: Current Employment Gother Current Employment and working from home: Image: Current Employment Image: Current Employment Image: Current Employment Significant work exposure Current Employment N/A Environmental Controls N/A Yes No (If Yes, Select patient-reported, control measures in place. Optional: repeat questions for individuals with a secondary home.) Yes No Suggested Yes No Suggested Air conditioning in summer Humidifier in winter (desired target < 50%)										
requiring hospitalization or ED visit). Other Image: Constraint of the constr									\neg	
Current Employment Status: Check all the apply. Note - This includes self-employment and working from home: Full-Time Part-Time Shift work Modified duties Other Current Employment Significant work exposure Current Employment Environmental Controls N/A Environmental Control Measures in Place Yes No (If Yes, Select patient-reported, control measures in place. Optional: repeat questions for individuals with a secondary home.) Yes No Suggested Yes No Suggested Air conditioning in summer Image: Humidifier in winter (desired target < 50%)										
Current Employment Status: Check all the apply. Note - This includes self-employment and working from home: Full-Time Part-Time Shift work Modified duties Other Current Employment Significant work exposure Current Employment Environmental Controls N/A Environmental Control Measures in Place Yes No (If Yes, Select patient-reported, control measures in place. Optional: repeat questions for individuals with a secondary home.) Yes No Suggested Yes No Suggested Air conditioning in summer Image: Humidifier in winter (desired target < 50%) Image: Humidifier all year round (desired target < 50%) Image: Humidifier all year round (desired target < 50%) Dehumidifier (desired target < 50%) Image: Humidifier all year round (desired target < 50%) Image: Humidifier all year round (desired target < 50%) Image: Humidifier all year round (desired target < 50%)	Occupationa	History Has your occupation cha	nged sinc	e last visit? 📃 Ve) If ves t	fill out/click	on ontions	helow	
Note - This includes self-employment and working from home: Full-Time Part-Time Shift work Modified duties Off work due to respiratory health Retired Other										
Other Current Employment Significant work exposure N/A Environmental Controls N/A Environmental Control Measures in Place Yes No (If Yes, Select patient-reported, control measures in place. Optional: repeat questions for individuals with a secondary home.) Yes No Suggested Yes No Suggested Air conditioning in summer Image: Central or hepa-filter vacuum										
Significant work exposure N/A Environmental Controls N/A Environmental Control Measures in Place Yes No (If Yes, Select patient-reported, control measures in place. Optional: repeat questions for individuals with a secondary home.) Yes No Suggested Yes No Suggested Air conditioning in summer Image: Central or hepa-filter vacuum Image: Central or	Full-Time Part-Time Shift work Modified duties Off work due to respiratory health Retired									
Environmental Controls N/A Environmental Control Measures in Place Yes No (If Yes, Select patient-reported, control measures in place. Optional: repeat questions for individuals with a secondary home.) Yes No Suggested Yes No Suggested Air conditioning in summer Image: Central or hepa-filter vacuum	Other Current Employment									
Environmental Control Measures in Place Yes No (If Yes, Select patient-reported, control measures in place. Optional: repeat questions for individuals with a secondary home.) Yes No Suggested Yes No Suggested Air conditioning in summer Image: Central or hepa-filter vacuum Image: Central o	Significant work exposure									
Air conditioning in summer Yes No Suggested Yes No Suggested Air conditioning in summer Image: Central or hepa-filter vacuum Image: Central or he	Environmental Controls N/A									
Yes No Suggested Yes No Suggested Air conditioning in summer Image: Central or hepa-filter vacuum Image: Cen										
Central or hepa-filter vacuum Image: Central or hepa-filter vacuum								Yes	No	Suggested
Dehumidifier (desired target < 50%)						•	,		Ц	
					-	Ind (desire	d target < 50%)		Ц	
Dust mite mattress cover Pets kept out of bedrooms Dust mite mite mattress cover Dust mite mattress cover										
	Dust mite pillow cover		Remove pets from home							
	Removed carpets		Wash linens in hot water							
	Heat exchanger		Wash mieris in not water Wash pets once a week							
	Heating gas/on Heating electric/Radiator			Wear mask or respirator as needed						
Alternative to wood heat (fireplaces, wood stoves, furnaces) or mitigation strategies	Alternative	to wood heat (fireplaces, wood								

Client Name					Juris	diction	al Heal	th Numbe	r			
Comorbidities H	ave yo	our co-r	norbiditie	es changed since las [.]	t visit?	Yes	No	lf yes, fill	out/click o	on options	below:	N/A
Comorbid Conditions	Yes	No	(If yes, s	select relevant comorbid d	iagnosis fro	m the list	provideo	i)				
Respiratory	Yes	No	Unknown	Cardiovascular		Yes	No	Unknown	Upper Airv	ways	Yes N	lo Unknown
A-1 Antitrypsin deficiency				Aneurysms					Anaphyla	kis		
ASA Reaction				Angina					Nasal Pol	yps		
Eczema				Aortic Stenosis					Oral Thrus	sh		
Emphysema				Aortic Valve Regu	rgitation				Rhinitis/ S	Sinusitis		
Lung Cancer				Arrhythmias					Sleep Apn	ea		
Chronic Bronchitis				Atrial Fibrillation					Upper Res			
Other Lung Disease				Cardiomyopathy					Tract Infe	ction		
Pleurisy				Cerebral Vascular	Accident				Other			
Pneumonia				Coronary Artery Di	isease				Arthritis			
Pneumothorax				Congestive Heart	Failure				Cancer			
Pulmonary Edema				Cor Pulmonale						/Glaucoma		
Pulmonary Effusion				Coronary Artery By	ypass				Frequent (Colds		
Pulmonary Embolism				Surgery					GERD			
Pulmonary Hypertension				Deep vein thrombo	osis		Ц		Heartburn			
Mental Health				Defibrillator		Ц	Ц		Kidney Dis	ease		
Anxiety				Heart Disease					Liver Disea	ase		
Dementia/Alzheimer				High Blood Pressu	ıre				Osteopeni			
Depression				Hyperlipidemia					Osteopord			
Panic Disorder				Hypertension						id Arthritis		
				Implantable Cardio	overter				Other			
Metabolic				Mitral Valve Regur	gitation							
Diabetes				Myocardial Infarct	ion							
Hypothyriodism				Myocarditis								
Metabolic Syndromes				Pacemaker								
				Pedal Swelling								
				Peripheral Vascula	ar Disease							
				Syncope								
				Transient Ischemi	c Attack							
COPD Action Plan				N/A	A Pulr	nonary	Functi	on Test	PRE		PO	N/A
			Yes	No	s	pirometry	/	LLN Actual	Actual	% Pred	Actual	S I % Pred
Written COPD action plan pr		1		YYYY/MM/DD	FVC			Litres (L)	Litres (L)	%	Litres (L)	%
Written COPD action plan re				YYYY/MM/DD	FEV1	FVC		Litres (L) Litres (L)	Litres (L) Litres (L)	%	Litres (L) Litres (L)	%
COPD action plan reviewed & not changed		YYYY/MM/DD	FEV ₁ / FVC PEF		L	itres (L)/Sec		Litres (L)/Sec		Litres (L)/Sec		
Yellow or red zone of action	plan f	ollowed,		# of Times) [Yes	No	N/A Res	ults		
Additional Notes												

Client Name	Jurisdictional Health Number
Immunizations N/A	Referrals N/A
Yes No Unknown Immunizations discussed Influenza vaccination received Immunization received Date of last influenza vaccination YYYY/MM/DD Conjugated vaccine (PNEU-C-13) YYYY/MM/DD Polyvalent Pneumococcal vaccine YYYY/MM/DD https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci.html N/A Chest CT Yes No Results g/cm² Date of last YYYY/MM/DD Results g/cm² Other (past disgnostics) Alpha-1 Antitrypsin blood work done ABG on room air done and date (consider when FEV ₁ < 40% or resting	Yes No Suggested Allergist
Results: pH PO2 PC02 HC03 Sa02	Follow-up Visit Scheduled in (time frame from current visit)
6 minute walk test Yes No N/A Results	1 Week 1 Month 4-6 Months Other 2 Weeks 2 Months 6-12 Months Image: Compare the set of
Education Interventions	N/A
Education provided at this visit Yes No	
Barriers addressed Image: CopPD Action Plan Image: CopPD pathophysiology Image	Yes No mmunotherapy
Healthcare Professional Role Type	Signature