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Respiratory Diseases, Miscellaneous

(PVD, Neoplasms, Bacterial Infections, Mycotic Lung Disease, Sarcoidosis, and Sleep Apnea)

Name:

SSN:

Date of Exam:

C-number:

Place of Exam:

A. Review of Medical Records:

B. Medical History (Subjective Complaints):

Comment on:

1. Fever and/or night sweats.
2. Weight loss or gain.
3. Daytime hypersomnolence.
4. Hemoptysis.
5. Describe current treatment such as anticoagulant, tracheostomy, CPAP, oxygen, or antimicrobial therapy.
6. If malignant disease, state initial treatment date, site of original tumor, type of tumor, types of treatment used, and date treatment is expected to end. If treatment has been completed, state date treatment was completed.

C. Physical Examination (Objective Findings):

Address each of the following as appropriate to the condition being examined and fully describe current findings:

1. Pulmonary Hypertension, RVH, cor pulmonale, or congestive heart failure.
2. Residuals of pulmonary embolism.
3. Respiratory Failure.
4. Evidence of chronic pulmonary thromboembolism.
5. If ankylosing spondylitis, is there restriction of the chest excursion and dyspnea on minimal exertion?
6. Describe all residuals of malignancy including those due to treatment.

D. Diagnostic and Clinical Tests:

1. Pulmonary Function Tests, if indicated. The FEV-1, FVC, and FEV-1/FVC should be included. Both pre- and post-bronchodilatation pulmonary function test results should be reported. If post-bronchodilatation testing is not conducted in a particular case, please provide an explanation of why not. A DLCO may or may not be done routinely as part of pulmonary function testing at a particular facility. If there is a disparity between the results of different tests, please indicate which tests are more likely to accurately reflect the severity of the condition.

DLCO note: If the DLCO was not done as a routine part of pulmonary function testing, the examiner should use his or her judgment, based on the specific condition (e.g., whether it is obstructive, interstitial, etc.) and other available information about the condition, as to whether a

DLCO test is needed. If it may provide useful information about the severity of the condition, it should be requested and reviewed before the examination report is submitted. If the examiner determines that the DLCO test is not needed, a statement as to why not (e.g., there are decreased lung volumes that would not yield valid test results) should be included in the report. Such a statement could avoid a remand from BVA when the test is not done. However, in the case of a BVA remand in which the DLCO is requested, the DLCO **MUST** be done unless there is a medical contraindication.

2. If sleep apnea is suspected, order **Sleep Studies**.
3. Chest X-ray if necessary to document sarcoidosis or other parenchymal disease.
4. Include results of all diagnostic and clinical tests conducted in the examination report.

E. Diagnosis:

Signature:

Date:

Version: Pre-2006