

## Bronchiectasis Physiotherapy Assessment Form

(Patient label)

Assessment date: \_\_\_\_\_ Medical record no: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Ph: \_\_\_\_\_ Mob: \_\_\_\_\_

Referred by: \_\_\_\_\_

GP: \_\_\_\_\_

Approx. date of diagnosis: \_\_\_\_\_

Approx. date when started symptoms: \_\_\_\_\_

Past history (respiratory): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Co-morbidities: \_\_\_\_\_

\_\_\_\_\_

Cardiac history: \_\_\_\_\_

Lung surgery: Yes / No    Date:\_\_\_\_\_ Operation:\_\_\_\_\_

Musculoskeletal pain: Y / N            Location:\_\_\_\_\_

Severity (rating out of 10/VAS)\_\_\_\_\_

Impact on physiotherapy treatment:\_\_\_\_\_

Smoker:    Y / N    Pack years:\_\_\_\_\_    Year stopped smoking:\_\_\_\_\_

Daily cough: Y / N    Irritable / productive\_\_\_\_\_

Sputum quantity:\_\_\_\_\_    Colour:\_\_\_\_\_

Haemoptysis:\_\_\_\_\_

Ease of expectoration:\_\_\_\_\_

Sleep (affected by cough?):\_\_\_\_\_

Infections over past 12 months:    Nil             $\leq 2$              $\geq 3$              $\geq 5$     \_\_\_\_\_

GOR:            Yes / No            Treatment:\_\_\_\_\_

Sinusitis:            Yes / No            Treatment:\_\_\_\_\_

HRCT:\_\_\_\_\_

LFT's:\_\_\_\_\_

Auscultation:\_\_\_\_\_

SpO<sub>2</sub>: \_\_\_\_\_

HR: \_\_\_\_\_

Respiratory medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Oxygen therapy: Yes / No      Portable / Continuous      Flow rate: \_\_\_\_\_

Urinary incontinence: Yes / No      Treatment: \_\_\_\_\_

Hydration (per cup): Water \_\_\_\_ Coffee \_\_\_\_ Tea \_\_\_\_ Alcohol \_\_\_\_ Other \_\_\_\_\_

Owns a nebuliser? Yes / No      Type: \_\_\_\_\_

Current AC routine: \_\_\_\_\_

\_\_\_\_\_

Past physio treatment: \_\_\_\_\_

\_\_\_\_\_

Gait aids: Yes / No      Type: \_\_\_\_\_

Current exercise: \_\_\_\_\_

\_\_\_\_\_

Exercise limitations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Treatment plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Letter sent to referrer: Yes / No

Assessed by: \_\_\_\_\_

Review appointment: \_\_\_\_\_