



HOW TO PREPARE FOR YOUR FIRST CONSULTATION?

When you experience symptoms of COPD, it is important to talk to your healthcare provider to receive a correct diagnosis, treatment plan and/or referral to a specialist for further evaluation.

Our document will help you get ready to make the most of your first consultation with your healthcare provider.

For many patients, having a companion with you at your consultation can be helpful. They can assist in asking all the questions you might have and help in remembering and noting down all the important details discussed with your doctor.

Also, if you're feeling overwhelmed, having someone with you can provide that all-important emotional support and help process the information more calmly.





BEFORE your first consultation

1 Personal situation and support needs

Height: cm

Weight: kg

Living situation:

- ☐ Living alone
- ☐ Cohabiting with a partner
- ☐ Cohabiting with family caregiver

In-home assistance:

- ☐ **Cleaning Aid**
(e.g., weekly or bi-weekly house cleaning)
- ☐ **Home Nurse**
(e.g., wound care, medication administration)
- ☐ **Personal Care Assistant**
(e.g., help with bathing, dressing, grooming)
- ☐ **Meal Delivery Services**
(e.g., hot meals or grocery delivery)
- ☐ **Physiotherapist at Home**
(e.g., rehabilitation exercises)
- ☐ **Transportation Assistance**
(e.g., rides to medical appointments)

2 History of exposure

- ☐ Cigarette smoke: cigarettes years
- ☐ Exposure to secondhand smoke
- ☐ Home or work environment with dust, fumes, chemicals, or biomass fuels
- ☐ Live(d) in area with poor air quality or frequent wildfires

3 Symptoms

Below is a list of symptoms that you are potentially experiencing. **Please rate how bothersome each symptom has been for you** over the past two weeks, using a scale from 0 to 5, where 0 means no problem at all and 5 means as bad as it can be. Also, for each symptom, please indicate how often it occurs: never, occasionally, weekly, daily.

Type of symptom

Symptom severity in the past two weeks

Symptom frequency



Breathlessness

0 - 1 - 2 - 3 - 4 - 5

- ☐ Never
- ☐ Occasionally
- ☐ Weekly
- ☐ Daily

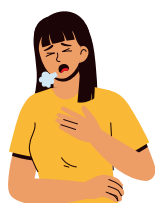


Ongoing cough

- ☐ Dry cough
- ☐ With phlegm

0 - 1 - 2 - 3 - 4 - 5

- ☐ Never
- ☐ Occasionally
- ☐ Weekly
- ☐ Daily



Wheezing

0 - 1 - 2 - 3 - 4 - 5

- ☐ Never
- ☐ Occasionally
- ☐ Weekly
- ☐ Daily



Recurring chest infections

0 - 1 - 2 - 3 - 4 - 5

- ☐ Never
- ☐ Occasionally
- ☐ Weekly
- ☐ Daily



BEFORE your first consultation

Which triggers seem to make your symptoms worse?

Below is a list of potential triggers that make your symptoms worse. Please check all relevant boxes.

- ☐ Cigarette smoke/vaping/wood-burning smoke
- ☐ When exposed to strong odors, dust, chemicals or fumes (at home or work)
- ☐ During exercise
- ☐ When I have a respiratory infection (colds, the flu, COVID-19, ...)
- ☐ When the weather changes/extreme temperatures (hot or cold)/windy or stormy weather
- ☐ When the level of air pollution is high
- ☐ When exposed to pollen or other allergens (animals/mould/...)
- ☐ When experiencing stress/strong emotions
- ☐ When eating specific foods
- ☐ When drinking alcoholic beverages
- ☐ When exposed to: _____
- ☐ Other trigger(s): _____

Other symptoms

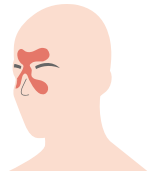
Check the box if you have any of the following symptoms:



Stuffy/blocked nose

☐


Runny nose

☐


Headache, Facial pain/pressure

☐


Loss of smell

☐


Mucus dripping into the back of the throat

☐


Snoring

☐


Heartburn / acid reflux

☐


Excessive thirst

☐


Frequent urination

☐


Involuntary weight loss

☐


Chest tightness

☐


Fatigue

☐

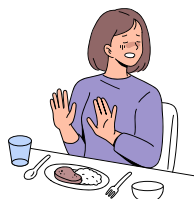

Swollen ankles or feet

☐


blue-tinged skin or lips

☐


Rapid or irregular heartbeat

☐


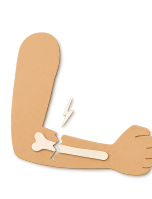
Loss of appetite

☐


Coughing up blood

☐


feelings of sadness and loss of pleasure or interest

☐


Broken bones in the past

☐


Feeling anxious

☐

4 My medical history

Please indicate any medical conditions that apply to you by ticking the appropriate boxes below. This includes any current conditions or those you have experienced in the past.

Allergies

(grass/tree pollen, animal dander, house dust mite, allergic reaction to medication...)

☐

Airway diseases (chronic rhinosinusitis, nasal polyp syndrome, pneumonia, chronic bronchitis, emphysema, chronic cough, use of a C-PAP machine...)

☐

Musculoskeletal disorders

(osteoporosis, osteoarthritis, ...)

☐

Cardiovascular disease

(high blood pressure, high cholesterol, heart arrhythmia, heart failure...)

☐

Hormonal disorders

(diabetes, thyroid disorders, adrenal problems)

☐

Gastrointestinal disease

(gastroesophageal reflux, gastric ulcers, hepatitis)

☐

Skin disease

(atopic dermatitis/eczema, urticaria, psoriasis)

☐

Kidney disease

(renal insufficiency, chronic kidney disease)

☐

Eye disease

(cataract, glaucoma, allergic conjunctivitis, dry eye syndrome)

☐

Neurological disorders

(epilepsy, migraine, stroke, multiple sclerosis)

☐

Mental health conditions

(anxiety disorder, depression, addiction)

☐

Cancer or tumours

(benign, malignant or unknown)

☐

Auto-immune disorders (lupus, sarcoidosis, Crohn's disease, granulomatosis with polyangiitis/GPA, rheumatoid arthritis, Sjogren's syndrome, Churg-Strauss syndrome...)

☐

Other disease(s):

☐



BEFORE your first consultation

Family history

Please indicate if you have a family history (parents, siblings, other close family members) of:

- ☐ **Allergies**
(grass/tree pollen, animal dander, house dust mite, allergic reaction to medication, ...)
- ☐ **Airway disease** (chronic rhinosinusitis, nasal polyp syndrome, COPD, pneumonia, chronic bronchitis, emphysema, chronic cough, use of a C-PAP machine, ...)
- ☐ **Food allergy**
- ☐ **Eczema**

Beside the above, write below anything else you would like to discuss with your healthcare provider

5 My questions

It's helpful to think ahead about any questions you'd like to ask your doctor. You can write them down below and also note the doctor's responses. If you have a support person with you during the consultation, they may also ask questions to help you get the most out of your visit.

6 My medication overview

Please list all the medications and supplements you are currently using. This includes not only tablets, but also liquids like nasal sprays, syrups, eye drops; topical treatments (creams, ointments); and any other forms of medication. Be sure to include both prescription medications and any over-the-counter treatments (those you buy without a prescription).

Example:

Medication name	Reason	Dose unit	When, how much I take
Paracetamol	Pain management	1000mg	Max. 3 times per day, 1 tablet
Hydrocortisone cream	Eczema	1% w/w	Once a day, 1 fingertip

Medication name	Reason	Dose unit	When and how much I take

1 Tips/tricks and information provided by my doctor

Taking notes during your consultation can be very helpful, especially since it can feel overwhelming to get a lot of information at once. You can even ask your doctor to help you write down the key points so you don't forget them. This might include important details about your health or condition, tips to manage it, and advice on how to use your treatment properly.

General information

Tips/tricks to help improve my condition:

Advice on how to use or take my medication/treatment correctly:



EUFOREA Tip:

To ensure you don't miss any important information, ask your doctor if you are allowed to record the consultation using your mobile phone or any other camera device.



This document does not provide medical advice!

The information, including but not limited to, text, graphics, and images is for informational purposes only. No material from this document is intended to be a substitute for professional medical advice, diagnosis, or treatment and/or medical treatment of a qualified physician or healthcare provider.

EUFOREA is not a medical organization and cannot provide specific medical advice to patients via the Internet and/or E-mail.

All patients are encouraged to direct their specific questions to their physicians.

Thank you for your trust in EUFOREA!

