**Chest X-ray & Radiology**

|  |
| --- |
| Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Facility patient ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EMR ID#: \_\_ \_\_ \_\_ — \_\_ \_\_ \_\_ — \_\_ \_\_ \_\_ \_\_ \_\_ |

**Chest X-Ray**

|  |  |
| --- | --- |
| Date of chest X-ray: \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ (DD/MMM/YYYY)  Chest X-ray ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Type of assessment | ☐ Baseline assessment  ☐ 6 month assessment  ☐ Other assessment  ☐ End of treatment assessment |

**Results (Mark one option for each question below)**

|  |  |
| --- | --- |
| Extent of disease: | ☐ Normal  ☐ Unilateral disease  ☐ Bilateral disease  ☐ Abnormal - extent not defined |
| Cavity size (aggregate): | ☐ No cavities  ☐ < 5 cm  ☐ ≥ 5 cm |
| Presence of fibrosis: | ☐ None  ☐ In 1 lobe or less  ☐ In more than 1 lobe |
| Comparison with last X-ray: | ☐ Improved  ☐ Worsening  ☐ Same (unchanged)  ☐ Not applicable |

**Other tests (ultrasound, CT, MRI etc.)**

|  |  |  |
| --- | --- | --- |
| Test Name | Date of test | Results |
| 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

|  |
| --- |
| Form filled by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ |
| Form entered by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ |