Referral Letter for Suspected ILD

For Primary Care Practitioners to fill-up, to refer to Respiratory Physicians

Dear, Date:

Thank you for seeing this patient:

Name: Age: I/C No: Gender: ☐ Male ☐ Female

History

Suggestive of ILD
- ☐ Shortness of Breath
- ☐ Dry cough
- ☐ Fatigue
- ☐ Unexplained weight loss
- ☐ Other

Relevant Occupational History
- ☐

Relevant Environmental History
- ☐

Suggestive of Rheumatological Disease
- ☐ Rashes
- ☐ Joint pain ± swelling
- ☐ Morning stiffness
- ☐ Proximal muscle weakness
- ☐ Raynaud's phenomenon
- ☐ Other

1. Smoking history
   a. History of cigarette smoking: ☐ No ☐ Yes Pack Years:
   b. History of vaping: ☐ No ☐ Yes
2. Past medical history:
3. Family history of lung disease or auto-immune disease:
4. Medication history (list of medicine names only):

Physical Examination

BP:
HR:
RR:
SpO2:

- ☐ Finger clubbing
- ☐ Bilateral fine basal crepitations
- ☐ Wheezing or rhonchi
- ☐ Reduced breath sounds

Other Relevant Findings:

Investigations *(If Available)*

1. Chest Radiograph:
   - ☐ Normal
   - ☐ Abnormal
2. Lung Function Test:
   a. FEV1: (L) (%)
   b. FVC: (L) (%)
   c. FEV1/FVC ratio: (%)
3. Autoimmune Markers:
   a. RF Titre:
   b. ANA Titre:
   c. dsDNA Titre:

☐ I have requested the patient to bring (a) this letter, (b) all medicines, (c) all test reports, and (d) copies of all imaging films.

Thank you,

Name:

MMC Number:

Clinic Name:

All references available here.

In collaboration with Malaysian Thoracic Society, MSR Malaysian Society of Rheumatology, FMSA Malaysia FMSA We Care

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