

SARCOIDOSIS



CLIENT NAME: _____

Submit the Client Information Questionnaire with this form

1. List date of first diagnosis: _____
2. Was a biopsy done? _____
3. Stage: _____
4. How was the sarcoid treated? ☐ no treatment ☐ prednisone
5. Date treatment was completed: _____
6. List any medications client is taking, including inhalers:
(accurate name, dosage, and reason)
7. What organs were involved? (check all that apply)

<input type="checkbox"/> lung	<input type="checkbox"/> kidney
<input type="checkbox"/> heart	<input type="checkbox"/> central nervous system
<input type="checkbox"/> liver or spleen	<input type="checkbox"/> skin
<input type="checkbox"/> eyes	<input type="checkbox"/> lymph nodes
8. Give results of the most recent pulmonary function tests:
FVC _____ FEV1 _____
9. Has there been any evidence of recurrence/progression?
☐ no
☐ yes; give details _____
10. Does client have any other health issues? (other questionnaires may be required)