A. I. DUPONT HOSPITAL FOR CHILDREN
Cystic Fibrosis
FAMILY ADVISORY COUNCIL

CF Family Clinic Sheet

Name _____ Date _____

Weight _____ Height _____ BMI _____

Pulsox _____ PFT/Spirometry(FEV1): _____

Throat Culture Results: _____
(Final results available 5 days after culture taken)
Contact Pulmonology to obtain results (302) 651-6400

Treatment Plan:

Medications & Nutritional Supplements:	**Frequency Taking**	**Need Refill ?**
_____	_____	Yes / No
_____	_____	Yes / No
_____	_____	Yes / No
_____	_____	Yes / No
_____	_____	Yes / No
_____	_____	Yes / No
_____	_____	Yes / No
_____	_____	Yes / No

Airway Clearance (Vest, Acapella, Etc.):	**Frequency**	**Need Refill ?**
_____	_____	Yes / No
_____	_____	Yes / No

Equipment Needs/Refills: _____

Questions for CF Care Team:

_____

_____

_____

Other Doctor Visits/Illnesses since last visit:

_____

_____

Next CF Clinic Appointment: _____

Next PFT Appointment: _____

Annual Bloodwork, X-rays, Glucose testing completed: _____