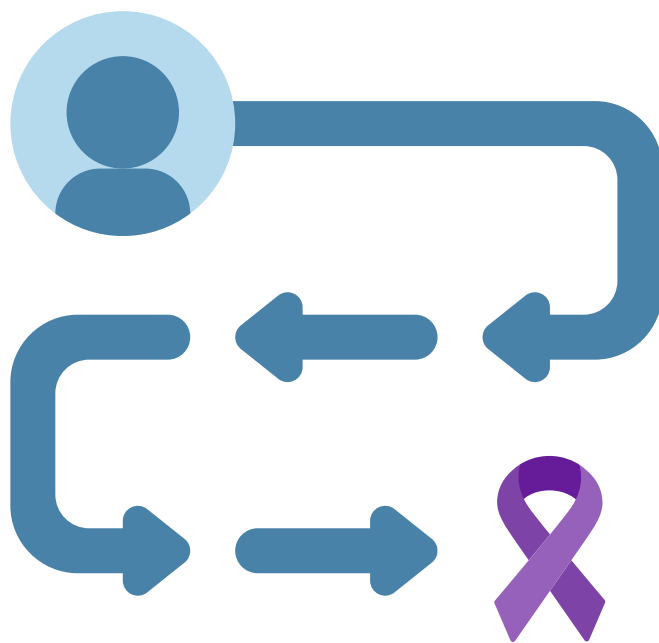


# MY SARCOIDOSIS JOURNEY

This section contains lists of potential tests you could need based on your sarcoid diagnosis. **Most patients will only need a fraction of these tests.** Many of these sarcoid diagnoses are very rare even within the rare diagnosis of sarcoidosis. It can be overwhelming to see everything listed out all at once, so please know that it is likely you will use only one small section of the following lists.



*Good company in a journey makes  
the way seem shorter.* IZAAK WALTON

Print more Testing  
Pages Here



# TREATMENTS for your Sarcoid

## MEDICATIONS/SUPPLEMENTS

Keep track of any medications you have tried or currently use.

Reason for Treatment (eg: Symptoms, changes in results)	Medication/ Supplement	Dosage	Date Started	Reason Stopped

# TREATMENTS for things other than Sarcoid

## MEDICATIONS/SUPPLEMENTS

Keep track of any medications you have tried or currently use.

<b>Medical Condition/Disease for Treatment</b> (eg: hypertension, diabetes)	<b>Medication/Supplement</b>	<b>Dosage</b>	<b>Date Started</b>	<b>Reason Stopped</b>

# DOSAGE Adjustments

Keep track of any medications you have tried or currently use.

MEDICATION: \_\_\_\_\_

DATE STARTED: \_\_\_\_\_

Dosage	Date Adjusted	Changes in Symptoms (eg: None, headaches improved)	Side Effects
Starting Dose/Date/Symptoms			

# SYMPTOMS & PROGRESSION IN CONNECTION WITH DOSAGE ADJUSTMENTS

This table allows you to keep a more detailed record of symptoms as dosage adjustments take place. Duplicate as needed for multiple medications

## SEVERITY SCALE



Symptoms	Initial			
	Date: _____	Date: _____	Date: _____	Date: _____
	Meds: _____	Meds: _____	Meds: _____	Meds: _____
Example: Headaches	7	5	3	1

**NOTES:**

# MONTHLY CALENDAR



MON	TUE	WED	THU	FRI	SAT	SUN

## NOTES


## POTENTIAL YEARLY FOLLOW-UP TESTS

Based on your symptoms your doctor might recommend some of these tests be done yearly. Always work with your physician for the best practice.

✓	Test	Date Last Performed	Next Scheduled	Results
	CT scan of the Chest (lungs)			
	Blood Panel/Urine Test			see next page...
	EKG			
	Eye Exam (Ophthalmologist)			
	Pulmonary Function Test			
	Other: _____			

Learn more about tests needed on the YouTube Webinar: "[Tests needed after the Sarcoidosis Diagnosis with Dr. Carr](#)"

# BLOOD TEST RESULTS

Keep track of your blood and urine tests results

Test	
	Results: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Date: _____
	Results: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Date: _____
	Results: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Date: _____
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# TEST RESULTS

Based on your symptoms your doctor might recommend some of these tests. Always work with your physician for the best practice.

## LUNGS:

✓	Test	Description	Ordering Doctor	Date Performed	Results	Frequency /Next Scheduled
	Chest x-ray	Radiology images of the thoracic (chest) cavity				
	CT Scan of the Chest	Detailed radiology images of lungs, heart, and vessels				
	Pulmonary Function Test	Ability of the lungs to exchange air (O2 & CO2)				
	High Resolution CT Scan of the Chest	Even more detailed radiology CT Scan				
	Other:					

## EYES:

✓	Test	Description	Ordering Doctor	Date Performed	Results	Frequency /Next Scheduled
	Dilated Eye Exam	Examination of the eye and its structures (from ophthalmologist)				
	Other:					

# TEST RESULTS

Based on your symptoms your doctor might recommend some of these tests. Always work with your physician for the best practice.

## SKIN:

✓	Test	Description	Ordering Doctor	Date Performed	Results	Frequency /Next Scheduled
	Total Skin Examination	Dermatologist examination of the skin and it's structures				
	Other:					

## NEUROLOGICAL:

✓	Test	Description	Ordering Doctor	Date Performed	Results	Frequency /Next Scheduled
	Brain MRI	Detailed image of the structures of the brain without radiation				
	MRI of Cervical, Thoracic, Lumbar Spine	Detailed image of the structures of the spine without radiation				
	EMG	Electronic Examination of Nerve Conduction				
	Full Neurological Exam	Examination performed by neurologist, includes balance and grip strength				
	Skin Biopsy	Looking for involvement of skin with granulomas				
	Other:					

# TEST RESULTS

Based on your symptoms your doctor might recommend some of these tests. Always work with your physician for the best practice.

## ARTHRITIS/JOINTS:

✓	Test	Description	Ordering Doctor	Date Performed	Results	Frequency /Next Scheduled
	Xray of Symptomatic Joints	Imaging of joints using radiation				
	Other:					

## HEART:

✓	Test	Description	Ordering Doctor	Date Performed	Results	Frequency /Next Scheduled
	EKG	Electronic examination of the conducting system of the heart				
	Echocardiogram	Ultrasound of the heart				
	Cardiac MRI	Looks for involvement of Sarcoid in the heart				
	Cardiac PET scan	Looks for involvement of Sarcoid in the heart				
	Holter Monitor	Looking for underlying abnormal heart rhythms				
	Other:					

# TEST RESULTS

Based on your symptoms your doctor might recommend some of these tests. Always work with your physician for the best practice.

## LIVER/BOWELS:

✓	Test	Description	Ordering Doctor	Date Performed	Results	Frequency /Next Scheduled
	Liver Function Test	Blood test evaluating liver enzymes				
	Colonoscopy	Internal examination of your colon				
	Endoscopy (EGD)	Internal examination of esophagus, stomach, and duodenum				
	Other:					

## KIDNEY:

✓	Test	Description	Ordering Doctor	Date Performed	Results	Frequency /Next Scheduled
	Kidney Function	Blood test evaluating kidney function				
	Urine Analysis	Chemistry of the Urine				
	<u>Pathologist review of sediment</u>	Looking for signs of inflammation or sarcoid involvement				
	Other:					

# TEST RESULTS

Based on your symptoms your doctor might recommend some of these tests. Always work with your physician for the best practice.

## CALCIUM/VIT D:

✓	Test	Description	Ordering Doctor	Date Performed	Results	Frequency /Next Scheduled
	Blood Calcium Levels	Blood Test				
	PTH levels	Parathyroid Hormone				
	Vitamin D levels (1,25-dihydroxy)	The 1,25 measures the specific vit D made by granulomas				
	24 hr Urine Calcium	24 hour urine test				
	Other:					

**Kidney Stone:** If you have kidney stones it is recommended you get the Vit D tests above. Add any others in this section...

✓	Test	Description	Ordering Doctor	Date Performed	Results	Frequency /Next Scheduled

# TEST RESULTS

Based on your symptoms your doctor might recommend some of these tests. Always work with your physician for the best practice.

## SALIVARY/DENTAL:

✓	Test	Description	Ordering Doctor	Date Performed	Results	Frequency /Next Scheduled
	Oral Health Exam	Examination of mouth and oral cavity by Dentist				
	Other:					

## OTHER:

✓	Test	Description	Ordering Doctor	Date Performed	Results	Frequency /Next Scheduled
	TB Test	Measures exposure to Tuberculosis (skin test or blood test)				
	Gallium Scan	Test that detects cancer, infection, and inflammation in the body				
	PET scan	Full body scan				

## DOCTOR VISITS OVERVIEW

Keep a birds eye overview of your appointments and notes

Date	Doctor	Reason	Notes



# My Sarcoidosis Summary

Date: \_\_\_\_\_

Doctor: \_\_\_\_\_

Specialist: \_\_\_\_\_

Give this sheet to your doctor at your appointment. It summarizes the relevant information to give them the information they need to be able to support you.

## GENERAL HEALTH SUMMARY

How have I done since the last visit (sleep, how am I feeling, etc). \_\_\_\_\_

Other doctors I have seen since my last visit. \_\_\_\_\_

Medications that have changed since my last visit. \_\_\_\_\_

How I am doing related to this doctor's specialty. \_\_\_\_\_

Anything else happened to me that is important. \_\_\_\_\_

Any ER visits or hospitalizations I have had since the last visit. \_\_\_\_\_

Here are my questions for this doctor. \_\_\_\_\_

## SYMPTOMS REPORT

Symptom	Better/Same/Worse

## APPOINTMENT SUMMARY

\_\_\_\_\_

## TO DO/FOLLOW UP

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



**PEOPLE**

Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Reason: \_\_\_\_\_

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Email: \_\_\_\_\_ Reason: \_\_\_\_\_

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**OTHER RESOURCES**

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