

## SARCOIDOSIS-RELATED FOLLOW UP

When visiting your doctor, come prepared to discuss the following:

Difficulties I am having now \_\_\_\_\_

\_\_\_\_\_

Description \_\_\_\_\_

\_\_\_\_\_

When it started \_\_\_\_\_

\_\_\_\_\_

## CURRENT AND PAST TREATMENTS

TREATMENT	DATE STARTED	DATE STOPPED	DOSAGE	COMMENTS
Steroids				
Methotrexate				
Cyclophosphamide				
Azoththioprine				
Inflixmab				

## PROVIDERS SEEN SINCE LAST VISIT

Name/Specialty \_\_\_\_\_

Reason for visit \_\_\_\_\_

Outcome of visit \_\_\_\_\_

\_\_\_\_\_

Name/Specialty \_\_\_\_\_

Reason for visit \_\_\_\_\_

Outcome of visit \_\_\_\_\_

\_\_\_\_\_

## TESTING SINCE LAST VISIT

Type \_\_\_\_\_ Date performed \_\_\_\_\_

Results \_\_\_\_\_

\_\_\_\_\_

Type \_\_\_\_\_ Date performed \_\_\_\_\_

Results \_\_\_\_\_

\_\_\_\_\_

Type \_\_\_\_\_ Date performed \_\_\_\_\_

Results \_\_\_\_\_

\_\_\_\_\_

## HOSPITALIZATIONS SINCE LAST VISIT

Reason \_\_\_\_\_

Admission Date \_\_\_\_\_ Discharge Date \_\_\_\_\_ Doctor \_\_\_\_\_

Diagnosis \_\_\_\_\_

Complications \_\_\_\_\_

\_\_\_\_\_

Reason \_\_\_\_\_

Admission Date \_\_\_\_\_ Discharge Date \_\_\_\_\_ Doctor \_\_\_\_\_

Diagnosis \_\_\_\_\_

Complications \_\_\_\_\_

\_\_\_\_\_