Follow-up Systemic Diagnoses Confirmation Form

For each of the following conditions, please indicate whether a physician has confirmed the diagnosis. If you are unable to obtain confirmation of diagnosis from the physician for a particular condition, mark "Unable to obtain."

1. Graves' disease
   a. Year of Diagnosis:  
   b. Confirmed by: 1 GP  2 Specialist

2. Hashimoto's thyroiditis
   a. Year of Diagnosis:  
   b. Confirmed by: 1 GP  2 Specialist

3. Interstitial nephritis
   a. Year of Diagnosis:  
   b. Confirmed by: 1 GP  2 Specialist

4. Primary biliary cirrhosis
   a. Year of Diagnosis:  
   b. Confirmed by: 1 GP  2 Specialist

5. Autoimmune hepatitis
   a. Year of Diagnosis:  
   b. Confirmed by: 1 GP  2 Specialist

6. Renal tubular acidosis
   a. Year of Diagnosis:  
   b. Confirmed by: 1 GP  2 Specialist

7. Glomerulonephritis
   a. Year of Diagnosis:  
   b. Confirmed by: 1 GP  2 Specialist

8. Lymphoma
   a. Year of Diagnosis:  
   b. Confirmed by: 1 GP  2 Specialist

9. Other
   Specify:  

10. Autoimmune or Interstitial lung disease
    a. Year of Diagnosis:  
    b. Confirmed by: 1 GP  2 Specialist