

IMPORTANT: Fax this form to 0151 600 1728 on the same day the patient is seen in the Practice or Clinic

Pulmonary Rehabilitation Referral

Referral Date:

Referrer: *(Please tick as appropriate)* GP Consultant Practice Community Physiotherapist Other
Nurse Matron

Referrer (print name):..... Designation:.....

Referrer's contact address:

Signature of Referrer: Referrer's Contact No:.....

Registrars please list your Consultant and Hospital:
.....

PATIENT DETAILS:

Name: Mr/Mrs/Miss/Ms DoB: NHS Number:

Address:

Post code

Patient Contact tel. no: Mobile no.:

GP's Name: GP's tel. no:

GP's Address:

Postcode:

Confirmed Diagnosis of COPD *(Please tick)* Smoking History *(Please circle)*: None/Current/Ex-smoker

Pulmonary Function Tests Test Date: *(Within last 2 years)*

FEV1		% Predicted	
FVC		% Predicted	
FEV1/FVC		% Predicted	

MRC Dyspnoea Grade *(Please tick the relevant box)*

1. Not troubled by breathlessness except on strenuous exercise	
2. Short of breath when hurrying or walking up a slight hill	
3. Walks slower than contemporaries on level ground because of breathlessness, or has to stop for breath when walking at own pace	
4. Stops for breath after walking about 100m or after a few minutes on level ground	
5. Too breathless to leave the house, or breathless when dressing or undressing	

Past Medical History *(Please tick if there is no past medical history)*

Exclusion Criteria *(Please tick Yes or No)*

Y	N	Exclusion Criteria
		Unstable angina
		Acute LVF
		Uncontrolled hypertension/arrhythmia
		MI within 6/52 of commencing rehab
		Compliance issues
		Date of last exacerbation of COPD, if it has been in the past 6 weeks:

Current Medication *(Please list all medication the patient is taking)*

Oxygen at Home: Yes / No PRN/LTOT l/min: for hours <i>(NB: All patients on oxygen have to attend the pulmonary rehabilitation programme at LHCH)</i>			

Mobility Status *(Please tick the relevant category for each question):*

- How does the patient mobilise? - Independent without aid Independent with aid With supervision With assistance
 - What mobility aid(s) does the patient use? – Walking stick Delta/three wheeler frame Zimmer frame Trolley/Scooter
 - Ambulance/Transport required? – Yes No
- (NB: Patients requiring transport due to a disability have to attend the pulmonary rehabilitation programme at LHCH)*

OTHER COMMENTS/ADDITIONAL INFORMATION:

Please note that incomplete forms will be returned to the referrer