Liverpool Heart and Chest Hospital NHS

NHS Foundation Trust

IMPORTANT: Fax this form to 0151 600 1728 or email breathe.lhch@nhs.net on the same day the patient is seen in the Practice or Clinic

Referral Date: Referral Date: Referrer (Referrer (Print name): Referrer (print name): Referrer (print name): Referrer (print name): Referrer (print name): Referrer's contact address: Signature of Referrer: Referrer's Contact No: Referrer's Referrer's Reference of Referrer's Referre					ehabilit	tation	Referral -	Post COVID 1	9 form			
Nurse	Referral	I Date:										
Referrer's contact address: Signature of Referrer Registrars please list your Consultant and Hospital: PATIENT DETAILS: NAME: Mi/Nfrs/Miss/Ms DoB: NHS Number: Address: Post code NHS Number: Patient Contact tel. no: Mobile no: GP's Address GP's tel. no: GP's Addre	☐ Nurse	: 🗋 Matror	า	,				ice Commur	nity 🗆 F	Physiotherapis	st 🗆 Othe	er 🗆
Referrer's Contact No: Registrars please list your Consultant and Hospital: PATIENT DETAILS:			•			<u> </u>						
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 tel. no: GP's tel. no: GP's Address: Postcode: History of Present condition:-Diagnosis. Current observations History of Present condition:-Diagnosis. Sit to Stand test results Current observations BP: Sa02 Rate of perceived breathlessness score at rest (0-10)	Referre	r's contac	t addres	ss:								
PATIENT DETAILS: DoB: NHS Number: MITMINS: MI	Signatu	re of Refe	errer:									
PATIENT DETAILS: DoB: NHS Number: MITMINS: MI	Registra	ars please	e list you	ır Consultant and	Hospita	al:						
Address: Post code Patient Contact tel. no: GP's Name: GP's Address: Postcode: History of Present condition:-Diagnosis. Current observations HR. BP. Sao2. Rate of perceived breathlessness score at rest (0-10)					•							
Address: Post code Patient Contact tel. no: GP's Name: GP's Address: Postcode: History of Present condition:-Diagnosis. Current observations HR. BP. Sao2. Rate of perceived breathlessness score at rest (0-10)	Name:	Mr/Mrs/Mi	ss/Ms				DoB	:	NH	S Number:		
Post code Patient Contact tel. no:												
Mobile no.:												
Current observations BP							Mob	ile no.:				
Current observations HRBPSao2Rate of perceived breathlessness score at rest (0-10)	GP's Ac	ddress:										
Heart rate	Current HR	observat	ions Sa	o2 Rate o	f percei	ved b	reathlessr	ness score at r	est (0- ⁻			
Sao2% Total Number of STS	Curre	nt Exercis	se Tolera	nce	Heart	rate	311 10 0					
RR Rest period Symptoms										STS		
Mobility Status (Please tick ☑ the relevant category for each question): 1. How does the patient mobilise? - Independent without aid ☐ Independent with aid ☐ With supervision ☐ With assistance ☐ 2. What mobility aid(s) does the patient use? - Walking stick ☐ Delta/three wheeler frame ☐ Zimmer frame ☐ Trolley/Scooter ☐ 3. Is the patients mobility back to their baseline level ?Yes☐ No☐ If no (please give more details below) Mental well being	` `		•					Rest per	Rest period			
1. How does the patient mobilise? - Independent without aid					RPE			Symptor	ns			
Measure Process Proc	2. What	mobility ai	d(s) does	the patient use? –	Walking	stick [☐ Delta/thre	ee wheeler fram	e 🛭 Zir	mmer frame 🛘		
Measure Process Proc	Montal	سامط المس	_									
Past Medical History (Please tick □ if there is no past medical history) PoTs suspected Y / N Additional information 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: Oxygen at Home: Yes / No PRN/LTOT I/min: for hours				Additional informa	tion	Onward Psychology Y/N						
Past Medical History (Please tick □ if there is no past medical history) PoTs suspected Y / N Additional information			Additional informati						1,71			
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: Oxygen at Home: Yes / No PRN/LTOT I/min: for hours				1								
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: Oxygen at Home: Yes / No PRN/LTOT I/min: for hours	Past Me	edical His	tory (Ple	ase tick □ if there	is no p	oast m	edical his	tory)				
Exclusion Criteria (Please tick (Please tic												
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: Oxygen at Home: Yes / No PRN/LTOT I/min: for hours										Additional in	formation	า
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: Oxygen at Home: Yes / No PRN/LTOT I/min: for hours												
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: Oxygen at Home: Yes / No PRN/LTOT I/min: for hours												
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: Oxygen at Home: Yes / No PRN/LTOT I/min: for hours					o) C	urren	t Medicati	on (<i>Please list</i>	all me	dication the	patient is	s taking)
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: Oxygen at Home: Yes / No PRN/LTOT I/min: for hours	1 14				\dashv							
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: Oxygen at Home: Yes / No PRN/LTOT I/min: for hours		_									+	
MI within 6/52 of commencing rehab Compliance issues Date of last exacerbation of COPD, if it has been in the past 6 weeks: Oxygen at Home: Yes / No PRN/LTOT I/min: for hours											+	
Compliance issues Date of last exacerbation of COPD, if it has been in the past 6 weeks: Oxygen at Home: Yes / No PRN/LTOT I/min: for hours	MI within 6/52 of commencing rehab Compliance issues Date of last exacerbation of COPD, if it											
Date of last exacerbation of COPD, if it has been in the past 6 weeks: Oxygen at Home: Yes / No PRN/LTOT I/min: for hours												
Additional information:-						Oxygen at Home: Yes / No PRN/LTOT I/min: for hours						
	Addition	l nal informa	ation:-									