

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

Pulmonary Rehabilitation Referral – Post COVID 19 form

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:

History of Present condition:-Diagnosis.....

Current observations

HR.....BP.....Sao2..... Rate of perceived breathlessness score at rest (0-10).....

Target saturations 88-92% ☐ or 94%-98% ☐

Sit to Stand test results

Current Exercise Tolerance (e.g 10 metres walking)	Heart rate	Lowest sao2	
	Sao2%	Total Number of STS	
	RR	Rest period	
	RPE	Symptoms	

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 ☐
- Is the patients mobility back to their baseline level ? Yes ☐ No ☐ If no (please give more details below)

Mental well being

Measure	Total	Additional information	Onward Referrals	Psychology	Y / N
PHQ9				Other	
GAD7					

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:

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

Oxygen at Home: Yes / No PRN/LTOT l/min: for hours			

Additional information:-

