

**IMPORTANT: EMAIL TO [Breathe.lhch@nhs.net](mailto:Breathe.lhch@nhs.net) 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 Other ☐ Practice Nurse ☐ Community Matron ☐  
Physiotherapist ☐ Other ☐

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:

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  
(NB: All patients on oxygen have to attend the pulmonary rehabilitation programme at LHCH)

#### 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**