**Calderdale Pulmonary Rehabilitation**

 **REFERRAL FORM**

**Please ensure all sections are completed to allow timely triage and acceptance of referral**

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| **Name:**  | **NHS Number:**  |
| **Date of Birth:**  | **Ethnicity:**  |
| **Address:** **Tel:**  | **GP Practice:**  |
| **Diagnosis:**

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| --- |
| **Spirometry**: Yes **[ ]**  Date:   |
| FEV1 in litres and % predicted value      | FVC in litres and % predicted value      | FEV1/FVC Ratio (or FEV1/VC Ratio if VC higher)       |

 |
| **Please tick box if hospitalised for exacerbation COPD within the last 4 weeks……..….[ ]** (BTS quality standard 3) |
| **Inclusion Criteria: *(****Tick all that apply)* |
| Patient given information about class and gave consent to referral  |  |
| Diagnosed respiratory disease |  |
| Patients willing to commit to attending PR for 12 sessions over 6 weeks |  |
| Has not completed course in last 12 months (unless hospitalised with COPD exacerbation)  |  |
| Motivated to attend and make changes to their lifestyle |  |
| Independently mobile *(will accept patients with* *mobility aid suitable for outdoor use such as walking stick, 4 wheeled walker)* |  |
| Happy in a group environment and will actively participate in the programme |  |
| Resting oxygen saturations (spO2) above 92% *(if resting SPO2< 92% on 2 occasions to consider referral to oxygen service for assessment for LTOT as per local referral guidance).*  |  |
| Have a MRC score of 2 - 5. See MRC Guidance below |  |
| **MRC Grade**(tick as appropriate) | **Medical Research Council Dyspnoea Score Chart (MRC)** |
|  | **1** | Not troubled by breathlessness except on strenuous exercise **Not suitable for Pulmonary Rehabilitation as MRC too low to benefit** *(Please consider other alternative exercise programme/advice).*  |
|  | **2** | Short of breath when hurrying or walking up a slight hill Only suitable if has functional restriction due to breathlessness i.e. affecting daily functional ability (BTS quality standard 3) |
|  | **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 – Not suitable for class if unable to leave house due to their breathlessness.  |
| **Smoking History** | **Body Mass Index (BMI)=** (***Please note referrals will not be accepted for patients under BMI of 18****.* *For patients with BMI 18-20 referral to dietitian should also be completed to support rehabilitation requirement prior to referral.)* |
| Current smoker **[ ]**  |
| Ex -smoker **[ ]**  |
| Never smoked **[ ]**  |
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| **Exclusions to Pulmonary Rehab:** Please tick to confirm there are no exclusions for patient.…..**[ ]**  |
| Acute LVF  |  |  | Abdominal Aortic Aneurysm > 5.5cm or any AAA with uncontrolled BP |  |
| Uncontrolled cardiac arrhythmia  |  | Surgery within six weeks  |  |
| Uncontrolled angina  |  | Acute / current psychotic episode  |  |
| Heart attack within last 3 months  |  | Alcoholism affecting life  |  |
| Cerebral vascular accident / neurological incident within the last 3 months  |  | Attending other rehab programme  |  |
| Pulmonary embolus / DVT within the last 3 months not receiving treatment  |  | Any medical problems that prevents exercise or compliance with programme  |  |
| Aortic stenosis |  | Any ongoing treatment for malignancy |  |

**N.B. Patients will be excluded if they have any medical problem which prevents exercise or compliance with the programme. Please contact the team to discuss if unsure whether to refer.** |
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| **Previously Attended Pulmonary Rehabilitation Programme?**      (Please give dates & location)  |
| **Current Medication list and Doses** |  |
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| Past medical history:       |
| **Referrer Details**  |
| Name:       | Job Title:       |
| Signature:  | Date:       |
|  |
| **OFFICE USE ONLY** | **DATE** | **SIGNATURE** |
| Date referral received  |  |  |  |
| PRG Destination |  |  |  |
| Audit Required |  |  |  |
| Priority |  |  |  |

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