Pulmonary Rehabilitation Service Referral Form

*(Post migration to INTS S1 unit version Nov 22)*

Date of referral……………………………………….

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| PATIENT DETAILS Name: D.O.B:NHS Number:  | Address:Post Code: Tel. No:  |
| REFERRED BY Name: Designation: Tel. No:   |
| **INCLUSION CRITERIA (please tick to confirm eligibility, failure to tick points 1 to 3 will result in the referral being declined)**1. **Patients with a confirmed respiratory diagnosis who are functionally disabled by breathlessness.** [ ]

**Or** **Patients who have recently had an exacerbation of COPD requiring a hospital admission.** [ ] 1. **Patients must be physically able to exercise and committed to attend and complete the programme**. [ ]
2. **Patient must be aged 18+ and registered to a Barnsley GP practice and / or resident within the Barnsley geographical area.** [ ]
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| **EXCLUSION CRITERIA*** **Unstable cardiac condition i.e. Angina. Severe Aortic Valve Stenosis or following a recent cardiac event that occurred in the past 8 weeks.**
* **Abdominal aortic aneurysm (AAA) graded >5.**
* **Severely impaired cognitive function.**
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| **REASON FOR REFERRAL *(Please tick the primary reason for referral):*** **Diagnosis (please tick): COPD** [ ]  **Emphysema** [ ]  **Bronchitis** [ ] **Other Respiratory Diagnosis: Interstitial Lung Disease** [ ]  **Bronchiectasis** [ ]  **Covid** [ ] **Other (please list below):****Details of Any Ongoing Investigations:** |
| **PAST MEDICAL HISTORY:** |
| **MRC Grade****(Circle as appropriate)** | **Medical Research Council Dyspnoea Score Chart (MRC)** |
| **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  |