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.** | |
| **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.** | |
| **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 |