**PULMONARY REHABILITATION REFERRAL FORM**

Please enclose spirometry printout or the referral will be returned.

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| **Patient details**  Mr/Mrs/Ms/Miss/Other:  Surname:  Forename:  Address:  Postcode:  Tel:  DOB:  NHS number:  [Hospital number:] | **GP details**  Name:  Address:  Postcode:  Tel: | |
| **If inpatient:**  Date of admission:  Expected/actual discharge date:  Consultant:  Ward: | |
| **Primary Respiratory Diagnosis:** | **Comorbidities:** | |
| **MRC Grade** (please select appropriate grade)  1 Not troubled by breathless except on strenuous exercise  2 Short of breath when hurrying on a level or when walking up a slight hill  3 Walks slower than most people on the level, stops after a mile or so, or stops after 15 minutes walking at own pace  4 Stops for breath after walking 100 yards, or after a few minutes on level ground  5Too breathless to leave the house, or breathless when dressing/undressing | | **Spirometry**  FEV1 in litres:  FEV1 % predicted:  FEV1/FVC ratio:  Date:  Spirometry print out enclosed □ |
| **Please give details of any patient specific issues e.g. language/oxygen/transport:** | | |
| **Referrer details**  Referring organisation:  Referrer role: GP / Consultant / SpR / Respiratory Nurse / PT / OT / Community Team  **Signature: Print name:** | | |
| **FOR OFFICE USE ONLY** Date received:  Post Exacerbation / Stable | | |

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| **Exclusion criteria:**  Severe or unstable cardiovascular disease or other significant disease that precludes participation in an exercise programme. If in doubt refer for assessment. |

**Please return to: [PR Service, Address…. Email: … Fax: …]**

**Please telephone […] with any queries.**