**PULMONARY REHABILITATION REFERRAL FORM**

Please enclose spirometry printout or the referral will be returned.

|  |  |
| --- | --- |
| **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  |

|  |
| --- |
| **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.**