

REFERRAL FORM AND CRITERIA FOR PULMONARY REHABILITATION

Date of Referral:

PATIENT DETAILS

Name

DOB:

Address:

NHS No:

Telephone No:

Mobile No:

Sex: Male / Female

Chest Consultant (if applicable):

GP:

Practice Name:

Telephone No:

Fax No:

CLINICAL DETAILS

Date of last Chest X-Ray & results:

MRC score:

Spirometry – date of test:

Please complete the lung function test results and also attach the report if available

FEV₁/FVC %

FEV₁

FVC

Oxygen therapy:

Clinical Diagnosis:

INCLUSION CRITERIA

Diagnosis of COPD

Age 18+

Patient should be self-motivated to participate in the programme

Any cardiac condition should be stable

Patient should be on optimal respiratory medication

EXCLUSION CRITERIA

- | | | |
|----|--|--------|
| 1. | Is the patient's MRC score more than 4? | YES/NO |
| 2. | Does the patient have unstable angina/cardiac arrhythmia? | YES/NO |
| 3. | Did the patient have a serious cardiac event during the last 6 weeks? | YES/NO |
| 4. | Has the patient had any recent heart/thoracic surgery? | YES/NO |
| 5. | Does the patient have a diagnosis of cancer? | YES/NO |
| 6. | Any problems that resist exercise (eg arthritis) | YES/NO |
| 7. | Is the patient de-motivated? | YES/NO |
| 8. | If in oxygen therapy, does the patient have a problem in arranging their own oxygen? | YES/NO |
| 9. | Does the patient have a problem with transport? | YES/NO |

If the answer to questions 1 – 7 is YES then the patient should be excluded from Pulmonary Rehabilitation and should be referred for home rehabilitation instead.

If the answer to questions 8 – 9 is YES then please discuss with the COPD Team.

If the answer to all the above is NO then the patient can be referred for Pulmonary Rehabilitation.

Name of referrer:

Designation:

Signature:

THIS FORM MUST BE COMPLETED FULLY BEFORE THE REFERRAL IS ACCEPTED

Please send the completed form to:

Pulmonary Rehabilitation Team
Sussex Community NHS Foundation Trust
Southfield House
11 Liverpool Gardens
WORTHING BN11 1RY

Tel: 01273 265851

Fax: 01903 276938

Email: SC-TR.COPDcoastal@nhs.net