

Pulmonary Rehabilitation Referral Form (WEST)

Please note all fields MUST be completed. Incomplete or inappropriate referrals will be returned.

Patient Details			Referral Date:
Title:	First Name:	Surname:	Patient Recently discharged from hospital following an acute exacerbation: Y N
D.O.B:		NHS No:	
Address:		Home Tel No:	
		Mobile Tel No:	
Postcode:			Hospital discharge date:
GP:		GP Address:	GP Tel No:

Diagnosed Respiratory Lung Condition (See criteria at the bottom of the page):

Date & results of last lung function test:	FEV1:	FVC:	FEV1/FVC:
Other Medical Conditions:			
Current Medication:			

MRC Score:				2	3	4	5
Smoking History:		Current Smoker:		Previous Smoker:		Never Smoked:	
Oxygen Therapy:		No Yes Unknown		If yes, please give details: LTOT flow rate: Ambulatory flow:			
Does the patient have a frailty score? Y N If yes, please specify (mild, moderate, severe or Rockwood Score 1-9:							
Mobility:		Walking frame		Walking stick		Unaided	
Able to walk more than 10 metres:		Y N					
Additional Needs:		Hard of hearing		Visual Impairment		Interpreter Required	
Referrer's Name:				Tel No:			
Referrer's Position:							
Inclusion Criteria for Pulmonary Rehabilitation				Exclusion Criteria for Pulmonary Rehabilitation			
<ul style="list-style-type: none"> • Confirmed diagnosis of COPD, Bronchiectasis, Asthma, Pulmonary Fibrosis, Sarcoidosis, Asbestosis and other lung conditions causing functional limitation due to breathlessness • Patients pre- or post- lung surgery • Is being treated optimally for their condition • Has MRC score of 2 - 5 • Motivated to attend twice per week for 6 weeks • Able to participate in group activities • Has own transport/able to get to venue 				<ul style="list-style-type: none"> • Those with an MRC of 1 • MI within last 6 weeks • Symptomatic moderate - severe aortic stenosis • Uncontrolled heart failure (ejection fraction <35%) • Uncontrolled cardiac arrhythmias • Unstable angina • Heart ejection fraction <35 • Significant AAA > 5.5cm • Those awaiting a pacemaker • Untreated embolism/unstable INR • Uncontrolled hypertension or hypotension • Impaired cognitive ability • Musculoskeletal or neurological condition which will limit their ability to exercise 			

	• Uncontrolled diabetes	
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Please return completed form to Care Co-Ordination Centre, Constantine House, 5 Constantine Road, Ipswich. IP1 2DH

suffolk.ccc@esneft.nhs.uk or Tel: 0300 123 2425

We will contact the patient direct to make an appointment.