**PULMONARY REHABILITATION REFERRAL FORM**

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| **PATIENT DETAILS**Mr/Mrs/Ms/Miss/Other: ………………………………..Surname: …………………………………………………….Forename: .……………………………………………………Address: ………………………………………………………….………………………………………………………………………..………………………………………………………………………..Postcode: ………………………………………………………..Telephone Number: ....…………………………………….DOB: ……..../…..……/……....NHS number: ………………………………………………….. | **GP DETAILS**Name: ……………………………………………………………..Address: ………………………………………………………….………………………………………………………………………..………………………………………………………………………..Postcode: ……………………………………………………….Telephone Number: ………………………………………. |
| **If inpatient,** discharge date:  |
| **PRIMARY RESPIRATORY DIAGNOSIS:** |
| **MRC GRADE** (patient to 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 **5** -Too breathless to leave the house, or breathless when dressing/undressing |
| **Please give details of any patient specific issues** Transport required: Y/NOxygen user: Y/NTranslator required: Y/NOther : ………………………………………………………………………………………………………………………………………….. |
| **Please note the following exclusion criteria:** * Severe or unstable cardiovascular disease
* Severe mental illness
* Severe orthopaedic limitation (e.g. waiting for joint replacement)
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| **Referrer details**Referring organisation: …………………………………………………………………………………………………………………Referrer role: GP / Consultant / SpR / Respiratory Nurse / PT / OT / Community Team/ Other**Signature: ………………………………………………… Print name: …………………………………………………………** |
| **FOR OFFICE USE ONLY** Date received:……………………………………………………. Post Exacerbation / Stable  |

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

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

**Has this referral been discussed with the patient? Y/N**