**Trafford Pulmonary Rehabilitation Referral Form**

**IMPORTANT: Email this form to** **tspoa1@nhs.net** **Tel: 0300 323 0303 - option 1, then 7**

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| **Section 1: Referrer Information** |
| **Referral date:** ………………………..………..  **Referrer (print name)**: ……………………..………………………………………**Referrer (please tick):** Practice nurse 🗌 Respiratory nurse 🗌 Physiotherapist 🗌   Consultant 🗌 GP 🗌 Other…………………………….……  **Signature of referrer**: ……………….……………………. **Referrer’s contact no.:** …………………………..………………… |
| **Section 2: Patient Details** |
| **Name:** Mr/Mrs/Miss/Ms …………………………………….………………….… **Date of birth:** ……………..…………**GP name & practice or practice stamp****NHS number:** ……………………….……………………………**Full address:** …………………………..………………………….……………………………………………………………………………**Patient contact no:** …………..…..………………………….**Has the patient received a copy of the ‘Patient Information Leaflet’ (see merged document)? Y / N****Has the patient had a respiratory-related hospital admission within the past month? Y / N** |
| **Section 3: Patient Assessment Information** |
| **Confirmed respiratory diagnosis:** ……………………………………………………………….**Home oxygen? Yes / No** **% or l/min:** …………………**Hours per day:** ………………….. | **Inclusion Criteria** |
| **Y** | **N** | **Inclusion Criteria**  |
|  |  | Activity limited by dyspnoea  |
|  |  | Able and motivated to commit to two sessions a week for 6 weeks |
|  |  | Has own transport or able to organise transport to attend |
|  |  | Able to work independently in a group |
|  |  | Consent to service accessing medical records |
| **Please document relevant present / past medical history: ………………………………………………………………..****………………………………………………………………………………………………………………………………………………………….****Please document most recent spirometry – FEV1/FVC: ………… FEV1 pred%: ………… Date: ……………….****Patient’s BMI: ………………………..****Please circle as appropriate, the relevant grade to indicate the patient’s latest Medical Research Council (MRC) dyspnoea scale:**

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| **Grade** | **Degree of breathlessness related to activity** |
| 1 | Not troubled by breathlessness, except on strenuous activity |
| 2 | Short of breath when hurrying on the level or walking up a slight hill |
| 3 | Walks slower than most people on the level, stops after a mile or so, or stops after 15 mins 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 or undressing |

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| **Additional information such as recent/ongoing investigations, complex needs:** |