**Trafford Pulmonary Rehabilitation Referral Form**

**IMPORTANT: Email this form to** [**tspoa1@nhs.net**](mailto: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:**   |  |  | | --- | --- | | **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 | | | | |
| **Additional information such as recent/ongoing investigations, complex needs:** | | | |