**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:** ……………..…………  **NHS number:** ……………………….………………………………. **GP practice:** …………………………..  **Home address:** …………………………..…………………………  ………………………………………………………………………………  **Patient’s contact no:** …………..…..…………………………..  **Has the patient had a respiratory-related hospital admission within the past month? Y / N** | | | |
| **Section 3: Patient Assessment Information** | | | |
| **Please state respiratory diagnosis/es:**  ……………………………………………………………….  **Home oxygen? Yes / No**  **% or L/min:** …………………  **Ambulatory oxygen? Yes / No**  **% or L/min: …………………**  **PLEASE NOTE WE DO NOT OFFER TRANSPORT** |  | | |
| **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/access transport to attend |
|  |  | Able to work independently in a group |
|  |  | Consent to service accessing medical records |
| **Please document relevant present / past medical history:**  **………………………………………………………………………………………………………………………………………………………….**  **If COPD, please document most recent spirometry – FEV1/FVC: ………… FEV1 % predicted: …………**  **Date of spirometry: ……………….**  **Patient’s BMI: ………kg/m2 Date recorded: …………**  **Please bold or document patient’s latest Medical Research Council (MRC) dyspnoea scale: ………**  **Please note MRC 1 not accepted – consider referring to Trafford Physical Activity Scheme.**   |  |  | | --- | --- | | **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, Opt-In to programme concerns for patient:** | | | |
| **If the patient would like any further information, it can be accessed by searching ‘Trafford Pulmonary Rehabilitation’ into any online search engine.** | | | |