**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:** ……………..…………**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.**

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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, 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.**  |