

**COMMUNITY PULMONARY REHABILITATION
REFERRAL FORM**



INCLUSION CRITERIA – please tick	
Diagnosed respiratory condition where breathlessness limits ADL/reduces exercise capacity (MRC 1-3)	<input type="checkbox"/>
Optimal medical management achieved prior to referral	<input type="checkbox"/>
Patient able to provide own transport	<input type="checkbox"/>
Patient mobile	<input type="checkbox"/>
PLEASE CONSIDER:	
Patients diagnosed with COPD have FEV1 < 50% of predicted	<input type="checkbox"/>
Any known cardiac condition e.g. angina must be well controlled and stable and must not be a limit to exercise	<input type="checkbox"/>
Patients informed that pulmonary rehabilitation requires their active participation and are motivated to attend	<input type="checkbox"/>

EXCLUSION CRITERIA – please tick to confirm that the patient DOES NOT have the following	
Unstable angina	<input type="checkbox"/>
Acute LVF	<input type="checkbox"/>
Uncontrolled hypertension	<input type="checkbox"/>
Uncontrolled cardiac arrhythmias	<input type="checkbox"/>
Any medical problems which severely restricts exercise or compliance with the programme e.g. dementia, arthritis	<input type="checkbox"/>
Myocardial infarction within 4 weeks of referral to pulmonary rehabilitation	<input type="checkbox"/>
Relevant infectious disease	<input type="checkbox"/>

Patient Details	Diagnosis
Name	GP
Address	Practice Address
Telephone number	Consultant
DOB	Referred by
	Date of referral

Lung Function Results	Measurement	% Predicted
FEV1		
FVC		
FVC/FEV1		
PEF		

Date of results

Relevant medical history	Please tick as appropriate		Details
	Yes	No	
Angina			
MI			
Heart Failure			
Other Cardiac			
Diabetes mellitus			
Musculo-skeletal			
Other relevant details			

MRC Dyspnoea Score	
Grade	Degree of breathlessness related to activity
1	Not troubled by breathlessness except on strenuous exercise
2	Short of breath when hurrying or walking up a slight hill
3	Walks slower than contemporaries on the level because of breathlessness, or has to stop for breath when walking at own pace
4	Stops for breath after walking about 100m or after a few minutes on the level
5	Too breathless to leave the house, or breathless when dressing or undressing

Please attach copy of current medication and return form to:
Walsall Heart Care, 12 Portland Street, Walsall, WS2 8AB
Tel: 01922 725050 Fax: 01922 659157