

# LOTHIAN COMMUNITY PULMONARY REHABILITATION PROGRAMME REFERRAL

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Surname		Referral Date	14/05/20
Forename		Referred by	
CHI		Position	
Address		GP details	
Post Code			
Tel no		Consultant	

Respiratory Diagnosis:

Have you discussed Pulmonary Rehabilitation / provided information leaflet to the patient?    Yes     No

Reason for referral :

Relevant Past Medical History:

Any orthopaedic, neurological or cognitive factors impairing participation in group activity?    Yes     No

Any cardiac contraindications to exercise: MI in last 3 months, unstable angina, untreated hypertension, tachycardia?    Yes     No

Drug History:

Is pharmaceutical management optimal?    Yes     No

Social History:

Increase in social support in the last year:

Able to make own way to venue:    Yes     No

Smoking History (tick):    Yes / current     Never     Ex-smoker

mMRC Score:    Date of Last Spirometry

SpO2 (rest):    FEV1 % predicted:    FEV1/VC ratio:

Respiratory hospital admissions in the last 6 months:		Exacerbations in the last 6 months:			
Preferred venue:	Leith <input type="checkbox"/>	Gracemount <input type="checkbox"/>	Wester Hailes <input type="checkbox"/>	Craigmillar <input type="checkbox"/>	
ELCH <input type="checkbox"/>	Fraser Centre Tranent <input type="checkbox"/>	Midlothian CH <input type="checkbox"/>	SJH <input type="checkbox"/>	Strathbrock <input type="checkbox"/>	Bathgate <input type="checkbox"/>