 **LOTHIAN PULMONARY REHABILITATION PROGRAMME REFERRAL**

Edinburgh 0131 536 6372, East & Mid 07500 765919, West Lothian 01506 522070

Email: [ecps.prphysio@nhslothian.scot.nhs.uk](mailto:ecps.prphysio@nhslothian.scot.nhs.uk)

Please complete this referral as fully as possible to help our triage process

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Referral Date |  |
| Forename |  | Referred by |  |
| CHI |  | Position/ Team |  |
| Address |  | GP details |  |
| Post Code |  |  |  |
| Best contact tel. number |  | Respiratory Consultant  (if applicable) |  |
|  |  | Other services involved (e.g. IMPACT/CRT/REACT) |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ⁕Preferred venues: | Leith | Gracemount | Wester Hailes | | Craigmillar | |  |
| East Lothian CH | Fraser Centre | Midlothian | SJH | Strathbrock | | Bathgate |  |

⁕Please indicate if willing to travel to an alternative venue for a sooner appointment? Yes  No

Able to make own way to venue: Yes  No  (Please note we are unable to provide transport)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Has the patient agreed to this referral? | | | | | | | | | | Yes | No |
| Respiratory Condition: | | | | | | | | | |  |  |
| Has the patient been provided with information on pulmonary Rehabilitation? | | | | | | | | | | Yes | No |
| Reason for referral : | | | | | | | | | |  |  |
| Relevant Past Medical History:  Respiratory hospital admissions in the last 6 months:       Exacerbations in the last 6 months: | | | | | | | | | | | |
| Any orthopaedic, neurological or cognitive factors impairing participation in group activity? | | | | | | | | | Yes | | No |
| If yes, please provide further information here:  Any cardiac contraindications to exercise: MI in last 3 months, unstable angina, untreated hypertension, tachycardia? | | | | | | | | | Yes | | No |
| Drug History: | | | | | | | | | | | |
| Is pharmaceutical management optimal?  If no, please provide further information here: | | | | | | | | Yes | | | No |
| Social History:  POC  Working  Veteran  Carer  If yes, please provide further information here: | | | | | | | | | | | |
| Increase in social support in the last year: Yes  No | | | | | | | | | | | |
|  | | | | | | |  | | | |  |
| Smoking History (tick): | Yes / current | | | Never | Ex-smoker | | | | | | |
| mMRC Score/GOLD classification: | | | Recent Spirometry | | | | | | | | |
| SpO2 (rest):  (must be ≥92% at rest) | |  | | | |  | | | | | |