 **LOTHIAN PULMONARY REHABILITATION PROGRAMME REFERRAL**

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

 Email: 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) |  |  |