

**Harefield Hospital pulmonary rehabilitation referral** **form**

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| **Patient details:** **Title:** Mr Ms Miss Mrs Other  **Surname:**  **Forename(s):**  **NHS Number:**  **Address:**  **Postcode: DOB:**  **Home tel: Mobile:**  **Is an interpreter required?**  Yes:  No:  Please specify:  **Is the patient able to provide their own transport?**  Yes:  No:  Please specify:  **Smoking history**  Current:  Ex:  Never:  Pack-year history:  **MRC dyspnoea scale (see overleaf for scale):**  1  2  3  4  5  **Is this an URGENT post-exacerbation referral?**  Yes:  No: | **GP details:**  **Name:**  **Address:**  **Tel: Fax:**  **CCG:** |
| **Referrer details:**  **Name:**  **Position:**  **Email: @nhs.net**    **Address:**  **Tel: Fax:**  **I confirm the patient fulfils referral criteria:** Yes  No  **I confirm the patient is aware of the referral:** Yes  No  **Signed: Date:** |
| **Primary cardio-respiratory diagnosis:** | **Medication list:** if applicable please include all inhalers |
| **Past medical history:** if post COVID-19 please give details of thrombus and anticoagulation or cardiovascular instability /arrhythmia /abnormal BP            **Oxygen/ventilation history:**  **Is the patient receiving domiciliary oxygen therapy?**  Long term:  Ambulatory:  No oxygen therapy:  **Is the patient receiving domiciliary non-invasive ventilation?**  CPAP:  BiPAP:  No non-invasive ventilation: ☐  Please specify: | **Previous spirometry:** (or attached most recent spiro report)  **Date: % predicted:**  If COPD:  GOLD FEV1  1 >80 %  2 50-80%  3 30-50%  4 <30%    **FEV1:**  **FVC:**  **FEV1 / FVC ratio:**  **PEF:**  **Any additional information:** |
| **Referral criteria:** | |
| **Inclusion criteria**  **Pulmonary rehabilitation is appropriate if the patient fulfils one or more of these categories:**   * Cardio-respiratory diagnosis with breathlessness that limits functional ability (usually MRC score 3 or above) * Post-hospitalisation or community-based treatment for acute exacerbation of lung disease * Post COVID-19 infection with evidence of lung disease and breathlessness limiting functional ability (MRC 3 or above) * Post-curative thoracic surgery for lung cancer * Pre- or post-lung transplant recipient * Stable heart failure   **AND…**   * Optimised respiratory medical management * Agreeable to being referred and can commit to attending twice a week for approximately eight weeks   **Exclusion criteria**  **Pulmonary rehab is NOT appropriate if the patient has significant comorbidities that render them unable or potentially unsafe to exercise. Examples include:**   * Inability to walk four metres independently (with or without walking aids) * Inability to follow simple commands (in a group environment) * Known uncontrolled cardiac arrhythmias * Unstable cardiovascular disease (eg. unstable angina, severe aortic stenosis requiring surgery, abdominal aortic aneurysm > 5.5cm) * Severe locomotor disease precluding moderate intensity exercise (eg. severe arthritis, peripheral vascular disease)   *It is the referrer’s responsibility to ensure the inclusion / exclusion criteria are met. However, we are an inclusive service and smoking status, primary disease aetiology and patient locality are not exclusion criteria. Supervised hospital or community-based rehabilitation, as well as home-based / remote options, are available.*  ***If in doubt, please discuss directly with the Harefield Hospital pulmonary rehabilitation team*** | |
| **MRC dyspnoea scale:**   1. I only get breathless with strenuous exercise 2. I only get short of breath when hurrying on level ground or walking uphill 3. I walk slower than people of the same age on level ground because of my breathlessness or have to stop for breath when walking at my own pace on level ground 4. I stop for breath after walking 100 yards or after a few minutes on level ground 5. I am too breathless to leave the house, or am breathless when dressing or undressing | |
| **Please send / email to:**  Pulmonary rehabilitation department, Respiratory medicine  Harefield Hospital, Hill End Road, Middlesex, UB9 6JH  **Telephone:** 01895 828 851  **Email queries**: [hhpulmonaryrehab\_dl@rbht.nhs.uk](mailto:hhpulmonaryrehab_dl@rbht.nhs.uk)  **Email referrals:** [rbh-tr.harefieldpr@nhs.net](mailto:rbh-tr.harefieldpr@nhs.net) from an nhs.net account | |
| **For administration use only:**  Signed:  Date received:  Accepted:  Rejected:  Routine:  Fast Track: | |