

REFERRAL FORM

Chronic Respiratory Disease Community Exercise Scheme



Patient Name.....

Assessed by.....

Patient Address				Ethnicity (<i>Refer to key on page 2 for code</i>)			
Age				Male/Female			
Telephone Number				Assessment Date			
Marital Status	Divorced	Married	Single	Widowed	Partner	Separated	
Consultant Name							
GP Name							
Main Diagnosis	Arthritis CFA Heart Failure Respiratory Failure	Asthma COPD Hyperventilation Lung Cancer	Bronchiectasis Emphysema Ischaemic Heart Disease Other				
Concurrent Diagnosis	Abdominal Aneurysm Angina Aortic Valve Disease Atrial Fibrillation Cancer CVA Heart Failure Ischaemic Heart Disease MRSA Positive Osteoporosis	Allergic Broch. Asp. Ankylosing Spondylitis Aortic Valve Replacement Bronchiectasis CFA Depression Hypertension Lung Cancer Myocardial Infarction Rheumatoid Arthritis	Alpha 1Antitrypsin Deficiency Aortic Stenosis Asthma CABG COPD Diabetes Intermittent Claudication Mitral Valve Replacement Osteoarthritis Peripheral Vascular Disease				
Other				Recent BP reading:			
Height (m)			Weight (kg)				
Ventilatory Support							
Ambulatory Cylinder	Yes	No			Flow Rate		
LTOT	Yes	No			Duration		
Ambulatory Cylinder	Yes	No					
Smoke History	Yes	No	Ex	Pack Years			
Attended Pulmonary Rehabilitation	Yes	No	If Yes, date of completion				
Medication:							

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A reminder of the inclusion and exclusion criteria follows below. If you are unsure about referring a patient then do please speak with the coordinator prior to making the referral: 01594 812399.

Inclusion criteria (any one or all of the following):

- Confirmed diagnosis of mild chronic lung disease from GP or Consultant
- Recent participation in a Pulmonary Rehabilitation programme
- Motivated to participate in an exercise programme

Exclusion criteria:

- Recent MI or significant cardiac event in last 6 weeks
- Unstable angina
- Significant neurological or musculoskeletal deficit
- Uncontrolled diabetes
- Uncontrolled hypertension or arrhythmias
- Not motivated to attend programme

Who should be referred?

The community referral scheme is intended for chronic respiratory disease patients that are stable and would benefit from exercise. This referral form should be completed for mild to moderate patients MRC dyspnoea grade 1 and 2 or with more severe diagnosis provided they have had a recent assessment, previously attended PR or are awaiting further clinical rehab provision. We will liaise with the clinical rehab team on the patient's behalf if necessary.

Patient Informed Consent

The community exercise scheme has been fully explained to me. I am prepared to participate and give my consent for any relevant clinical information about my health to be transferred to the exercise professional. I consent to my information being stored on a database.

Signature of patient:

Date:

**Please call the Healthy Lifestyles Team on 01594 812399 to make an appointment.
Please bring your referral form with you to your initial appointment.**