## Pulmonary Rehabilitation Service Referral Form (Post migration to INTS S1 unit version Nov 22)

	Λ	<u>IHS</u>
	South	West
Yorkshire	Partne	ership
NHS	Foundati	on Trust

Date of referral	NHS Foundation		
PATIENT DETAILS	Address:		
Name:			
D.O.B:	Post Code:		
NHS Number:	Tel. No:		
REFERRED BY Name:	Designation: Tel. No:		
INCLUSION CRITERIA (please tick to confi declined)	rm eligibility, failure to tick points 1 to 3 will result in the referral be	ing	
Patients with a confirmed respirate	ory diagnosis who are functionally disabled by breathlessness.		
Or Patients who have recently had an	exacerbation of COPD requiring a hospital admission.		
2) Patients must be physically able to	exercise and committed to attend and complete the programme.		
<ol> <li>Patient must be aged 18+ and regise</li> <li>Barnsley geographical area.</li> </ol>	stered to a Barnsley GP practice and / or resident within the		
EXCLUSION CRITERIA			
Unstable cardiac condition i.e. And occurred in the past 8 weeks.	gina. Severe Aortic Valve Stenosis or following a recent cardiac eve	ent that	
Abdominal aortic aneurysm (AAA)	graded >5.		
Severely impaired cognitive function.			
REASON FOR REFERRAL (Please tick the	primary reason for referral):		
Diagnosis (please tick): COPD ☐ Emph	ysema   Bronchitis		
Other Respiratory Diagnosis: Interstitial L Other (please list below):	ung Disease ☐ Bronchiectasis ☐ Covid ☐		
Details of Any Ongoing Investigations:			
PAST MEDICAL HISTORY:			
MRC Grade (Circle as appropriate)	Medical Research Council Dyspnoea Score Chart (MRC)		
1	Not troubled by breathlessness except on strenuous exercise		
2	Short of breath when hurrying or walking up a slight hill		
3	Walks slower than contemporaries on level ground because of breathlessness, or has to stop for breath when walking at own pace		
4	Stops for breath after walking about 100m or after a few minutes on level ground		
5	Too breathless to leave the house, or breathless when dressing or undressing		

