Please send referrals to: Pulmonary rehabilitation, Stourbridge Health and Social Care Centre, John Corbett Drive, Stourbridge, DY8 4JB Tel: 01384 323773 or email: dgft.pulmonaryrehabilitation@nhs.net

The Dudley Group NHS
NHS Foundation Trust

Pulmonary Rehabilitation Referral Form

Exclusion criteria: Unstable angina, severe aortic stenosis, Acute LVF, Uncontrolled Hypertension, Recent MI, Neurological or orthopaedic deficit that would affect compliance, Wheelchair bound	Inclusion criteria: Confirmed diagnosis of COPD - if FEV_1 <80% predicted **and** FEV_1/FVC <0.7 (70%) (Please provide full spirometry details if available,) Bronchiectasis, ILD, Pulmonary Hypertension, Pre/Post Lung Transplant, MRC > 2

Personal Details

Surname:_____ First Names:_____
Address: _____

_____

Postcode:_____ Tel: _____
DOB:_____ Age:_____ NHS Number:_____

Medical Details

Diagnosis & Reason for referral:_____

_____

Date of diagnosis:_____
Spirometry (Date Completed)_____ FEV_1_____ FVC_____ FEV1/FVC Ratio (%)_____
Current Medication:_____

_____

Past Medical History: _____

Useful Information

MRC Dyspnoea Score:_____ Is the patient on home O_2? **Yes/No**
Smoking status: **Non smoker/smoker** Does the patient consent? **Yes/No**

Additional Comments:_____

_____

Referral Details

Your name:_____ Position:_____
Surgery/Base:_____ Contact No:_____

I confirm that I have reviewed the above patient & feel that they are suitable to attend a supervised exercise programme and are aware of the referral.

Name:_____ Signed:_____
Date:_____