

Bristol Community Pulmonary Rehabilitation Referral Form

Amelia Nutt Clinic, Queens Road, Withywood, Bristol BS13 8QA

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Patient Details (please print) NHS No _____

Surname _____ Tel No: H _____

Forename _____ W _____

Address _____ M _____

Post Code _____ Communication needs _____

DOB _____ M/F _____

Transport Required. No / Yes _____

Is there any **possible risk** to staff seeing this patient in clinic/at home? _____

Name:

Clinical Details

Diagnosis: _____

Recent discharge from hospital? Yes/ No. Date: _____ No. of episodes in last 12 months? _____

MRC Degree of breathlessness related to activities : Please tick

1	Not troubled by breathlessness except on strenuous exercise	<input type="checkbox"/>
2	Short of breath when hurrying or walking up a slight hill	<input type="checkbox"/>
3	Walks slower than contemporaries on level ground because of breathlessness, or has to stop for breath when walking at own pace	<input type="checkbox"/>
4	Stops for breath after walking about 100m or after a few minutes on level ground	<input type="checkbox"/>
5	Too breathless to leave the house, or breathless when dressing or undressing	<input type="checkbox"/>

FOR INFORMATION: Criteria for Pulmonary Rehabilitation Programme:

INCLUSION CRITERIA	EXCLUSION CRITERIA
Symptomatic shortness of breath	Unstable cardiac conditions
Chronic respiratory disease	Severe cognitive deficit
Motivated	Metastatic cancer or renal failure
	Immobile

NHS Number

Referral Details (please print)

Name _____ Signature _____ Designation _____

GP Name _____ Consultant _____

GP Address & Tel No _____ Date _____

For office use

<u>Date Received</u>	<u>Urgent / routine</u>		<u>Venue of programme</u>