**Referral to Hospital Based Pulmonary Rehabilitation (LEEP)**

**Patient Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |       | NHS No. |       |
| Address |       | Date of Birth |       |
| Home Telephone |       |
| Work Telephone |       |
| Email |       | Mobile Telephone |       |

**Referrer Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |       | Date of Referral |       |
| Base |       | Practice Code/ID |       |
| Address |  | Telephone |       |

**Communication and Accessibility needs:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Interpreter required?: | Yes | [ ]  | No | [ ]  | Wheelchair access required?  | Yes | [ ]  | No | [ ]  |
| Language:  |       | Learning Disability:  |       |
| Hearing: |       | Other disability needing consideration:  |       |
| Vision: |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Military Service Person | [ ]  | Military Veteran | [ ]  | Member of Military Family |

**Referral Information:**

|  |  |
| --- | --- |
| Diagnosis |        |
| Smoking |        |
| Recent spirometry | Yes [ ]  No [ ]  Details:       |
| Pulm rehab before | Yes [ ]  No [ ]  Details:       |
| Home nebulisers | Yes [ ]  No [ ]  Details:       |
| Home oxygen | Yes [ ]  No [ ]  Details:       |

**Additional Information:**

|  |
| --- |
|        |

**Medical Problems:**

|  |
| --- |
|       |

**Allergies:**

|  |
| --- |
|       |

**Medication:**

|  |  |
| --- | --- |
| Acutes  |       |
| Repeats |       |

**Minimum Dataset:** (recordings in last 6months)

|  |  |
| --- | --- |
| **Blood Pressure**  |  |
| **Heart rate** |  |
| **Height**  |  | **Smoking Status**  |  |
| **Weight** |  | **Alcohol Intake** |  |
| **BMI** |  | **Exercise tolerance:**  |  |

Yours sincerely,

If sent electronically, no signature required

**Email to:** shc-tr.salisburyreferralcentre@nhs.net

**Tel no:**  01722 336262 Ext 4220

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| --- |
| **Good practice points for referral:****Offer to patients with COPD with MRC grade 2 to 5****Offer to patients with COPD in view of improving psychological wellbeing****Offer to patients with bronchiectasis, interstitial lung disease and asthma when limited with breathlessness and may derive benefit, assisting optimisation and lifestyle change.** **Offer to patients with recent hospitalisation for IECOPD****Does the patient have optimal weight for height?****Consideration to other medical history:** **All patients must be cardiovascular stable****Locomotor disease that preclude exercise may benefit from 1:1 advice****Cognitive or psychiatric impairment with an inability to follow command may be unsuitable for group exercise and education. Such individuals may benefit from attending with appropriate support****AAA >5.5cm deemed unfit for surgery may benefit from 1:1 advice** |