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North Lincolnshire Community Respiratory and Pulmonary Rehabilitation Service - Referral Form

Community Respiratory (Home Oxygen Assessment and Review) Service	Pulmonary Rehabilitation (Exercise & Education)
Inclusion Criteria → SpO2 <92% at rest on room air → SpO2 < 90% on exertion → Confirmed respiratory diagnosis → Patients with severe airflow obstruction → Medically optimised → Exacerbation-free in preceding **8 weeks.** → In patients with clinical evidence of peripheral oedema, polycythaemia (haematocrit>55%) or pulmonary hypertension, referral for assessment may be considered at SpO2 levels <94%	**Inclusion Criteria** → Confirmed diagnosis of chronic lung disease (COPD, bronchiectasis, ILD, chronic asthma, chest wall disease), pre/post thoracic surgery or pulmonary hypertension → MRC 3 or above (MRC 2 accepted if symptomatic & disabled by their condition) → Mobilises independently with or without walking aid → Optimised medical therapy for disease severity **Exclusion Criteria** → Unstable angina/cardiac disease → Acute LVF → Abdominal aortic aneurysm >5.5cm → Uncontrolled hypertension/arrhythmia → MI within last 6/52 → Unable to walk safely (e.g. arthritis, balance problems) → Compliance issue (e.g. dementia)

Informed consent and motivation	Yes	No	Not asked
Referral			
Share information in on SystmOne			
Share information out on SystmOne			
SMS contact			
Patient offered supporting information about the referral?			
Motivated to attend			
Referral Type *(more than one option can be selected)*			
Oxygen Assessment			
Routine Pulmonary Rehab Referral			
Fast Track Pulmonary Rehab Referral – (Hospital admission within the last 4 weeks)			

Preferred delivery for Pulmonary Rehabilitation:			
The PODS (face to face)	Remote (telephone)	Video delivery (using MS teams)	

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Patient Details			
Name		NHS No.	
DOB		Gender	
Address		GP Practice	
Home Tel No.		Named GP	
Mobile No.		Email Address	

Oxygen assessment considerations	Yes	No	Unknown	Further information
Does the patient have a confirmed respiratory diagnosis?				
Has Patient been recommended oxygen via a Neurologist for Cluster Headaches?				
Is the patient's resting saturation 92% or less on room air?				
If saturation above 92% at rest does patient desaturate on ambulation to below 90%				
If all above answers are NO patient does not require oxygen – check PR ref if applicable only				
Has the patient had an exacerbation within the last 8 weeks?				Inc date
Is the patient a current smoker or vaper				
Please provide recent saturation recording	%		Further details	
Oxygen saturation at rest on air				
Oxygen saturation on exertion on room air				

Special considerations	Yes	No	Unknown	Further information
Hearing impairment				
Visual impairment				
Cognitive impairment				
Mental health condition				
Low literacy				
Low digital literacy / confidence				
Communication requirement?				
Language spoken				
Interpreter required?				
Any other DEI considerations:				

For any queries, please call: **0800 012 1858**.
Please email referrals and attachments to: BOC.ClinicalServices@nhs.net
Incomplete referrals will be returned to referrer.

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Clinical History (Please attach GP summary where able including past medical history and current medications)
Diagnosis/Presenting Problem
Past medical history (List or attach GP summary)
Please ensure that details of any impairments or conditions ticked above are included.
Current Medication (List or attach GP summary)
Mobility – please provide details of any walking aids used, any falls in the last 12 months or any current issues with pain or balance.
Recent Results (e.g. x-rays or bloods in the last 3 months).

Last Ejection Fraction (if known)		%

Spirometry Results (or attach report if available)				
FEV1		Litres		% predicted
FVC		Litres		% predicted
FEV1/FVC		%		

Pulse oximetry on room air	At rest:	%	On exertion:	%
Type of exertion undertaken:				
MRC Dyspnoea Scale (1-5)				

Height		Weight		BMI	

Is the patient medically optimised?	Yes ☐	No ☐
Is the patient exacerbating?	Yes ☐	No ☐
No. of respiratory exacerbations requiring antibiotics, steroids or both in the last 12 months:		
Admission within the last 4 weeks? (For exacerbation or other respiratory-related problem)	Yes ☐	No ☐
No. of respiratory related admissions in the last 12 months:		
Is the patient on oxygen therapy?	Yes ☐	No ☐
If yes, please state prescription:		

Please refer to **Pulmonary Rehabilitation Service Referral Information** for decision making tool regarding suitability of pulmonary rehab referral, more detailed inclusion and exclusion information and additional requirements.

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Referral supporting information required *You do not need to include this if the consent to share boxes above have been checked and the patient's primary care provider is a user of SystmOne.*					
Is the patient GP summary attached?		Yes ☐	No ☐	N/A ☐	Not available ☐
Is the most recent spirometry report attached?		Yes ☐	No ☐	N/A ☐	Not available ☐
Is the discharge summary attached (if the admission box above is checked):		Yes ☐	No ☐	N/A ☐	Not available ☐
If the patient has a significant cardiac history (in particular a diagnosis of heart failure), is the most recent attached:	ECHO report	Yes ☐	No ☐	N/A ☐	Not available ☐
	ECG report	Yes ☐	No ☐	N/A ☐	Not available ☐
	Cardiology letter	Yes ☐	No ☐	N/A ☐	Not available ☐

Referrer	Name		**Source**	Primary care	
	Job title			Secondary care	
	Organisation			Requested by secondary care	
	Telephone No.			Community team	
	NHS.net email			Other	
	Date				