

## Referral for Pulmonary Rehabilitation Programme

<b>Name:</b>	<b>Address:</b>	<b>GP:</b>
<b>Next of kin:</b> <b>Tel. no.:</b>		
<b>DOB:</b>	<b>Tel. no.:</b> <b>Mobile:</b>	<b>Date of referral:</b>

<b>DIAGNOSIS</b>	
<p><b>History of respiratory problems:</b></p>  <p><b>Smoking History</b>            Pack years: _____            Stopped: Y ___ N ___</p> <p style="text-align: right;"><b>Influenza Vaccine? Y / N</b>  <b>Pneumonia Vaccine? Y / N</b></p>	<p><b>Diagnosis:</b></p> <p><b>Confirmed by Spirometry? Y / N</b>            Date: _____</p> <p>Details:</p> <p>FEV1 _____ % Predicted _____</p> <p>FVC _____</p> <p>FEV1/FVC Ratio _____</p>
<p><b>Chest Physician:</b> _____            Current/Previously/Never (please delete)</p> <p>Hospital No.: _____            Clinic appointments: _____</p>	
<b>Other Relevant History</b>	
<p><b>Medical History/Co-morbidities:</b></p>	<p>Arthritis? _____ Osteoporosis? _____</p> <p>Any #s or falls? _____</p> <p>Use of any walking aids/ other appliances?            _____</p> <p>Any operations? _____</p>
<p><b>Current medications:</b>            Respiratory:</p> <p>Other:</p>	<p><b>Oxygen use:</b></p> <p>Concentrator: Hours per day _____            %/Litres per min _____</p> <p>Cylinders _____ per week</p>
<p><b>Social Circumstances:</b></p>	<p><b>Usual exercise tolerance:</b></p> <p><b>Aware of programme and motivated to attend: Y ___ N ___</b></p>
<p><b>Additional relevant information:</b> _____            _____</p>	

**Referrer's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please send to: Cáit Healy (Senior Physiotherapist)/Ber Bowen (Respiratory Nurse), Pulmonary Rehabilitation Programme, Physiotherapy Department, St. Joseph's Continuing Nursing Unit (CNU), St. Finbarr's Hospital, Douglas Road, Cork. Tel. (021) 4923210, 4923211, Email: [pulmonaryrehabilitation.south@hse.ie](mailto:pulmonaryrehabilitation.south@hse.ie) 05/03/2009*