**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:**

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| --- |
|  |

**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](mailto:shc-tr.salisburyreferralcentre@nhs.net)

**Tel no:**  01722 336262 Ext 4220

|  |
| --- |
| **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** |