**BSol Pulmonary Rehabilitation Referral Form**

**Please indicate patient’s preferred team (x) BCHC**  **HGS**  **Solihull Community**

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| **Please (x) to confirm patient has consented to this referral** |

**Patient Details**

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| **Name:** | |
| **Date of birth:** | **NHS No:** |
| **Address** | |
| **GP Details:** | |
| **Tel Home:** | **Tel Work:** |
| **Tel Mobile:** | |
| **Ethnicity:** | |
| **Spoken language:**  **Is an interpreter required? Yes**  **No** | |
| **MRC Breathlessness Scale** please select (x) | | | |
| **1.** Not troubled by breathlessness except on strenuous exercise. | | | |
| **2.** Short of breath when hurrying or walking up a slight hill | | | |
| **3.** Walks slower than contemporaries on level ground because of breathlessness or must stop for breath when walking at own pace. | | | |
| **4.** Stops for breath after walking about 100metres or after a few minutes on level ground. | | | |
| **5.** Too breathless to leave the house, or breathless when dressing / undressing.   |  |  | | --- | --- | | **Does the patient meet all the inclusion criteria for Pulmonary Rehabilitation?** | **Exclusion criteria for Pulmonary Rehabilitation:** | | * Diagnosed COPD / Chronic Asthma / ILD / Pulmonary Hypertension / Bronchiectasis. * MRC grade 3 or above (MRC 2 accepted if symptomatic and disabled by condition). * Is on optimal medical therapy for disease severity. * Motivated to attend and complete full course. * Patients meeting the above criteria with an abdominal aortic aneurysm (AAA) <5.5cm with controlled blood pressure may be considered for moderate intensity aerobic training | * Who are <18 years of age. * Have unstable angina / cardiac disease. * MI within last 6/52. * Have uncontrolled hypertension / arrhythmia. * Have an inability to walk four metres independently (with or without walking aids). * Inability to follow simple commands in a group environment. * Patients with psychiatric or cognitive impairment will be assessed on an individual basis and will be accepted onto the programme when possible | | | | |
| (Patient must have consented to the programme and be formally diagnosed with chronic lung condition as listed in inclusion criteria above. This should be clearly identified in the medical history below. Up to date medical and drug history must also be included as well as a recent blood pressure recording. **PLEASE NOTE THAT REFERRAL WILL BE REJECTED AND FORM RETURNED IF THESE SECTIONS ARE INCOMPLETE.)**  **Blood Pressure at last reading**  **BMI at last reading**  **Please indicate (X) if patient is on any of the following:**  Long term oxygen therapy Flow rate:       Litres/minute  Ambulatory Oxygen Therapy Flow rate:       Litres/minute  **Please include lung function results if available:**  FEV1 Litres FEV1 %predicted  FVC Litres FVC %predicted | | | |

**Current Medication (please list or attach summary)**

**Allergies**

**Past Medical History (please list or attach summary)**

**If you require a post assessment to be returned to anywhere other than the patients GP please provide your email address/postal address:**

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| **Referrer Name:** | **Surgery/Department:** |
| **Job title:** | **Date:** |

**Please identify the correct team from the list of rehab providers below. Sending to the wrong team may cause an increased wait time for your patient.**

**Birmingham Community Healthcare Trust**

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Description automatically generated*(N.B. BCHC are unable to access systems for e-TTOs so referral form must be completed in full)***

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| **Venue** | **Class Day / Time** | **(x) to indicate preference** |
| **St Stephens Centre, 171 Nineveh Rd Handsworth, B21 0SY** | **Monday and Thursday**  **10:00-12:00** |  |
| **Shard End Community Centre, 170 Packington Avenue, B34 7RD** | **Wednesday and Friday**  **14:00-16:00** |  |
| **Cocks Moors Woods Leisure Centre, Kings Heath, B14 6ER** | **Monday and Wednesday**  **14:00-16:00** |  |
| **Hagley Road Retirement Village, 336 Hagley Road, Edgbaston, B17 8BH** | **Tuesday and Thursday**  **14:00-16:00** |  |
| **New Oscott Retirement Village, 25 Fosseway Drive, Sutton Coldfield, B23 5LD** | **Monday and Friday**  **14:00-16:00** |  |

**Email: BCHNT.bchcrespiratory@nhs.net For further support: 0121 466 3705**

**Fax to Email: 0121 615 2967**

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| **Heartlands / Good Hope / Solihull (HGS part of UHB) Hospital team** | | |
| **Please use separate referral form for:** Airway Clearance Techniques (including cough management) and Breathing pattern disorders (inc Hyperventilation). | | |
| **Venue** | **Day/Time** | **(x) to indicate preference** |
| **Heartlands Hospital, Bordesley Green East, Birmingham, B9 5SS** | **Mon / Thurs 11:00 - 12:30** |  |
| **Good Hope Hospital, Rectory Road, Sutton Coldfield, B75 7RR** | **Tues / Fri 14:00 – 15:30 or 15:00 – 16:30** |  |
| **Solihull Hospital, Lode Lane, Solihull, B91 2JL** | **Mon / Thurs 10:00 - 11:30 or 11:00 - 12:30** |  |
| **Kingstanding Wellbeing centre, Dulwich Road, Kingstanding, B44 0EW** | **Tues / Fri 12:00 –13:30** |  |
| **Saltley Wellbeing Centre, 120 Broadway Avenue, Bordesley Green, B9 5YD** | **Mon / Thurs 14:00 – 15:30** |  |
| **Virtual PR via MS Teams** | **Mon / Thurs 14:00 – 15:30** |  |

**Email:** [UHB.PulmonaryRehab@uhb.nhs.uk](mailto:UHB.PulmonaryRehab@uhb.nhs.uk) **For further info: 0121 424 9498**

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| **Solihull Community Respiratory Team (community part of UHB)** | | |
| **Venue** | **Day/Time** | **(x) to indicate preference** |
| **NSSC Chelmsley Wood, Conway Road, Chelmsley Wood, Solihull, B37 5LA** | **Tues 11:00 – 13:00 & Fri 11:00 – 13:00** |  |
| **Shirley Institute, 24 Church Road, Shirley, B90 2AX** | **Weds 14:00 – 16:00 / Fri 14:00 – 15:45** |  |

**Email:** [UHB.PulmonaryRehab@uhb.nhs.uk](mailto:UHB.PulmonaryRehab@uhb.nhs.uk) **For further info: 0121 424 4766**

**Please note an initial assessment will be completed prior to the start of a PR course; this is not always at the same venues and may be on a different day to the classes.**