**Gloucestershire Respiratory Service Referral Form**

*(Respiratory assessment / home oxygen assessment / pulmonary rehabilitation)*

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| **G-care reference** | [Respiratory - https://g-care.glos.nhs.uk/site-map/438](https://g-care.glos.nhs.uk/site-map/438) |

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| **Patient details** | | | | **Referrer details** | |
| Name | <Patient Name> | DOB | <Date of birth> | Name | <Sender Name> |
| Address | <Patient Address> | NHS no | <NHS number> | Address | <Sender Address> |
| Sex | <Gender> |
| Carer status | <Diagnoses> |
| Tel no. | <Patient Contact Details>  <Patient Contact Details> | Language | <Main spoken language> | Tel no | <Sender Details> |
| Special requirements  (incl. housebound and/or risk to lone working) | |  | | Email | <Organisation Details> |
| Referral date | <Today's date> |

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| **Respiratory diagnosis**\* |  | | | | | |
| **Referral criteria**  *(Please choose one of the following services and tick to confirm the inclusion criteria are met)* | | | | | | |
| **1. Respiratory Assessment** | |  | **2. Home oxygen assessment**  *(Please complete section 2A below)* |  | **3. Pulmonary rehabilitation**  *(Please complete section 3A below)* |  |
| * Confirmed diagnosis of any of the following:   + COPD   + Asthma   + Interstitial lung disease   + Requiring support with symptom management for patients who are medically optimised. | | | * Confirmed diagnosis of any of the following:   + COPD   + Asthma   + Bronchiectasis   + Interstitial lung disease   + Cystic fibrosis   + Heart failure   + Pulmonary vascular disease * Non-smoker (has stopped smoking at least 8 weeks ago) * SpO2 <92% when clinically stable | | * Confirmed diagnosis of any of the following:   + COPD   + Chronic asthma   + Bronchiectasis   + Interstitial lung disease * MRC dyspnoea scale ≥ 3 *(see below)* * Does not meet any of the exclusion criteria detailed in section 3A. | |

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| Presenting complaint *(to be completed for ALL referrals)* | | | | | | |
| Clinical signs / symptoms | | | | | | |
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| Reason for referral & referrer / patient expectations | | | | | | |
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| **Supporting information** | | | | | | |
| **2A. Home oxygen assessment** | | | | | | |
| Current oxygen user? | | | | | Yes  No | |
| SpO2(%) at rest: | |  | | On or off oxygen: | On  Off | |
| SpO2(%) post exertion: | |  | |
| Has the patient been hospitalised or treated with antibiotics/oral steroids for a respiratory exacerbation in the past 6 weeks? | | | | | | |
| Yes  No  *If yes, please provide details below including date of discharge or date medications commenced:* | | | | | | |
|  | | | | | | |
| Smoking status  *(include date stopped if available)* | | | <Diagnoses> | | | |
| Is the patient willing to consider home oxygen if indicated following assessment? | | | | | Yes  No | |
| **3A. Pulmonary rehabilitation** | | | | | | |
| **Exclusions**   * Unstable coronary or cerebral ischemia or inability to independently manage changes in symptoms/disease status * Aortic stenosis * Unstable Angina (Angina which comes on at rest rather than only with exertion) * Unstable diabetic control or inability to independently manage changes in symptoms/disease status * Myocardial infarction in the last three months * Within 6 weeks of acute myocardial damage e.g. raised troponin or NSTEMI * Within 10 days of starting treatment for DVT/ PE * Unstable medical conditions e.g. decompensated HF, recent aortic dissection, uncontrolled and malignant hypertension, unstable medical conditions (e.g., active gastrointestinal bleeding or severe anaemia) * Uncontrolled hypertension (systolic BP ≥180mmHg at rest, or diastolic ≥110mmHg at rest) * Significant active exacerbation / infection or in early recovery phase * Medical falls, frequent mechanical falls and falls of an unknown cause * Moderate cognitive deficit unless adequately supported by a carer * The inability to exercise due significant to musculoskeletal and neuromuscular disorders | | | | | | |
| [**MRC dyspnoea scale**](https://cks.nice.org.uk/topics/chronic-obstructive-pulmonary-disease/diagnosis/diagnosis-copd/#medical-research-council-dyspnoea-scale) *(must be ≥3)* | | | | | | |
| Grade 3: | Walks slower than contemporaries on level ground because of breathlessness, or has to stop for breath when walking at own pace | | | | |  |
| Grade 4: | Stops for a breath after walking about 100m or after a few minutes on level ground | | | | |  |
| Grade 5: | Too breathless to leave the house or breathless when dressing or undressing | | | | |  |
| **Pulmonary rehabilitation programmes** *(Please choose one of the below)* | | | | | | |
| **1. Face-to-face group:**   * + 6-week programme of exercise and education   + Twice weekly   + Must be motivated to attend all session   + Has own transport or able to access public transport | | | | | |  |
| **2. Online:**   * + 6-week programme of online exercise classes with self-directed online education   + Twice weekly   + Must be motivated to attend all sessions.   + Adequate and appropriate space for exercising at home   + Requires access to an email address.   + Has access to a computer or tablet with webcam *(a limited supply of tablets / webcams are available to loan to appropriate patients who do not have their own devices)* | | | | | |  |
| **3. Self-management Programme of Activity Coping and Education (SPACE):**   * + COPD diagnosis only   + Able to engage in a self-directed walking & exercise programme   + Self-directed education   + Adequate and appropriate space for exercising at home   + Able to attend a face-to-face pre- & post-assessment | | | | | |  |

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| History | | | |
| Medical problems | | | |
| Active problems | | | |
| <Problems> | | | |
| Significant past problems | | | |
| <Problems>  <Summary> | | | |
| Family history | | | |
| <Family History(table)> | | | |
| Social history | | | |
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| Medication | | | |
| Acute *(last 1m)* | | | |
| <Medication> | | | |
| Repeat | | | |
| <Repeat templates> | | | |
|  | | | |
| Allergies | | | |
| <Allergies & Sensitivities> | | | |
|  | | | |
| **Useful dataset** *(last 6m if available)* | | | |
| Blood pressure | <Latest BP> | BMI | <Numerics> |
| Heart rate | <Numerics>, <Diagnoses> | Smoking status | <Diagnoses> |
| Height | <Latest Height> | Alcohol intake | <Diagnoses>, <Numerics> |
| Weight | <Latest Weight> | Exercise tolerance | <Diagnoses><Diagnoses> |

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| **Referral destination** | |
| **Provider** | Gloucestershire Health & Care NHS Foundation Trust |
| **Email address** | [glosrespiratoryservice@ghc.nhs.uk](mailto:glosrespiratoryservice@ghc.nhs.uk) |
| **Tel no.** | [0300 421 6666](tel:03004216666) |

Display key

* Red text marked with an asterisk \* = mandatory field – referral acceptance/clinical triage is dependent upon the response or result (your referral may be returned if left blank)
* *(Italic text in brackets)* = form guidance e.g. pre-referral investigations to request or required time period for results