

# Pulmonary Rehabilitation Referral Form



- Flinders Medical Centre Level 2** Tel: (08) 8204 7550 Fax: (08) 8204 5632 Email: *pulmonary.rehab.group.generic.mailbox1@sa.gov.au*
- Noarlunga GP Plus** Tel: (08) 8164 9111 Fax: (08) 8164 9199 Email: *Health.SALHNGPPlusRespiratoryOutofHospitalServices@sa.gov.au*
- Either location**
- Pulmonary Rehabilitation explained and verbal consent gained** |  **No investigations pending that preclude exercise**

<b>Respiratory diagnosis</b> (REQUIRED)	<b>Attach patient sticker/complete demographics</b>
<input type="checkbox"/> COPD <input type="checkbox"/> Asthma <input type="checkbox"/> ILD <input type="checkbox"/> Respiratory Failure <input type="checkbox"/> Cor Pulmonale <input type="checkbox"/> Other: (specify) _____ _____ _____	Family name: _____ Given names: _____ FMC/NHS MRN: _____ Address: _____ Postcode: _____ DOB: ____ / ____ / ____ Contact no.: _____
Current smoker: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medications</b>
<b>Home oxygen</b>	Respiratory: _____ _____ _____
If so, prescription details: _____ _____	Other: _____ _____
In the event of significant desaturation (<85%) on exertion, 2-4L O <sub>2</sub> may be applied to this patient <input type="checkbox"/>	

<b>Significant comorbidities/relevant issues:</b> (please specify)
<input type="checkbox"/> Psychological issues <input type="checkbox"/> Cardiac comorbidities <input type="checkbox"/> Musculoskeletal limitations <input type="checkbox"/> Other (please list) _____

<b>Main reasons for referral:</b> (tick all that apply)
<input type="checkbox"/> Education <input type="checkbox"/> Exercise Program <input type="checkbox"/> Smoking cessation <input type="checkbox"/> Psychological <input type="checkbox"/> Recent respiratory admission

<b>Nb: Mandatory data for referral consideration:</b>	
<b>TESTS PERFORMED IN LAST 12 MONTHS (MANDATORY)</b>	
<input type="checkbox"/> PFTs in the last 12 months. If completed, where: _____	Date: ____ / ____ / ____
<b>TESTS PERFORMED IN LAST 6 MONTHS</b>	
<input type="checkbox"/> ABG. If completed, where: _____	Date: ____ / ____ / ____
<input type="checkbox"/> 6MWT. If completed, where: _____	Date: ____ / ____ / ____
<input type="checkbox"/> CXR. If completed, where: _____	Date: ____ / ____ / ____
<input type="checkbox"/> ECG/Echo. If completed, where: _____	Date: ____ / ____ / ____
Please attach relevant results with referral.	

<b>Referring professional:</b> (REQUIRED)	<b>General practitioner:</b> (REQUIRED)
Name: _____ Address: _____ Signature: _____ Date: ____ / ____ / ____	Name: _____ Address: _____ Telephone: _____ [Office Use: TRIAGE DATE: _____ PRIORITY: _____]

SALHN  
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Please note: Incomplete or inappropriate referrals will be returned

# Pulmonary Rehabilitation Program Guidelines

Patients referred into the Pulmonary Rehabilitation program will be triaged and enrolled based on their eligibility.

## Eligibility Criteria

Include patients who:

- Have Chronic Obstructive Pulmonary Disease (COPD) or other respiratory conditions
- Are recovering from an acute exacerbation of their respiratory condition
- Are willing to participate in group exercise and education classes (even if they are current smokers)

Exclude patients who:

- Do not have a diagnosis of respiratory disease
- Musculoskeletal or neurological disorders that prevent exercise. These patients may be considered for a modified program subject to availability.
- Have acute unstable respiratory illness
- Severe cognitive impairment or psychotic disturbance
- Breathing difficulties despite normal lung function
- Unable to meet attendance requirements.

## Pulmonary Rehabilitation Program Triageing

Patients are triaged by the Pulmonary Rehabilitation Team

### Category/Priority I

(Offered a place in next available program)

- Moderate to severe COPD after recent exacerbation
- Post-lobectomy/pneumonectomy
- Lung transplant recipients/wait list

### Category/Priority II

- COPD
- Interstitial Lung Disease
- Pulmonary Arterial Hypertension

### Category/Priority III

- Anyone from Category II with history of failing to attend
- Attended Pulmonary Rehab in the last 18 months.

## For more information

Department of Respiratory Medicine  
Level 6  
Flinders Medical Centre  
Bedford Park SA 5042  
Telephone: 08 8204 7550

Pulmonary Rehabilitation  
Ground Floor  
Noarlunga GP Plus  
Noarlunga Centre SA 5168  
Telephone: 08 8164 9111 (option 1)



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