

# **Pulmonary Rehabilitation Referral Form**

☐ Flinders Medical Centre Level 2  Tel: (08) 8204 7550 Fax: (08) 8204 5632  ☐ Noarlung  Tel: (08) 8		☐ Either location
Pulmonary Rehabilitation explained and verbal consent ga		ons pending that preclude exercise
Respiratory diagnosis (REQUIRED)		r/complete demographics
□COPD		
Asthma		
	Given names:	
Respiratory Failure	FMC/NHS MRN:	
☐ Cor Pulmonale	Address:	
Other: (specify)	Postcode:	DOB://
	Contact no.:	
	Medications	
	Respiratory:	
Current smoker: Yes No		
Home oxygen		
If so, prescription details:		
	Other:	
In the event of significant desaturation (<85%) on exertion, $\square$ 2-4L O <sub>2</sub> may be applied to this patient		
Significant comorbidities/relevant issues: (please s	pecify)	
☐ Psychological issues ☐ Cardiac comorbidities	☐ Musculoskeletal limitation	ons
Other (please list)		
Main reason for referral:		
☐ Education ☐ Exercise Program ☐ Smoking cessar	tion	Recent respiratory admission
Nb: Mandatory data for referral consideration	ո:	
TESTS PERFORMED IN LAST 12 MONTHS (MANDATORY)		
☐ PFTs in the last 12 months. If completed, where:		Date://
TESTS PERFORMED IN LAST 6 MONTHS		
ABG. If completed, where:		
6MWT. If completed, where:		
CXR. If completed, where:		
☐ ECG/Echo. If completed, where:		Date://
Please attached relevant results with referral.		
Transport required?: (please see eligibility criteria)		
☐ Yes ☐ No ☐ Entitled Veteran ☐ Pension ca		
Referring professional: (REQUIRED)	General practitioner	(REQUIRED)
Name:	Name:	
Address:	Address:	
Signature:	Telephone:	

# **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.

# Transport Eligibility Criteria

Include patients who:

 Are immobile and are unable to use an access cab, Medi-ride, Red Cross or other transport company

#### AND

 Are unable to catch public transport due to a disability

#### AND

 Have an up to date Medicare card (this is mandatory)

#### OR

• Have a DVA card (eligible for DVA transport).

# Pulmonary Rehabilitation Program Triaging

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

S=Q=3 Interpreter





