

REFERRAL FORM

Community Exercise Scheme for Chronic Respiratory Disease

Patient Name.....

Assessed by.....

Patient Address:							
		Male / Female (please circle)					
		Age:					
Telephone Number:		Assessment Date :					
Marital Status	Divorced	Married	Single	Widowed	Partner	Separated	
GP Name							
Main Diagnosis (Please circle)	COPD		Asthma		Bronchiectasis		
	CFA		Hyperventilation		Lung Cancer		
	Other						
Concurrent Diagnosis							
Other							
Height (m)			Weight (kg)				
Ventilatory Support							
Ambulatory Cylinder	Yes	No			Flow Rate		
LTOT	Yes	No			Duration		
Smoking History	Yes	No	Ex		Pack Years		
Attended Pulmonary Rehabilitation?	Yes	No	If Yes, date of completion				
Medication							

Patient Informed Consent

The community exercise scheme has been fully explained to me. I am prepared to participate and give my consent for any relevant clinical information about my health to be transferred to the exercise professional. I consent to my information being stored on a database.

Signature of patient:

Date:

Please contact the number below to arrange for your first visit to Heart & Soul COPD Chair Based & Rehabilitation Class.

Lita Freegard 01268 759554 / 07949667866 or email info@litafreegardfitness.co.uk