

**RESPIRATORY PHYSIOTHERAPY OUTPATIENTS**

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | NHS No. |  |
| Name |  | MRN |  |
| Address |  | DOB |  |
| Telephone |  | GP Telephone |  |
| GP Address |  | GP Name |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Reason for Referral | | | | |
| ↑ SOB | ↓Exercise Tolerance | Dysfunctional Breathing | Airway Clearance | Recurrent Chest Infections |

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| --- | --- | --- | --- | --- |
| Respiratory Diagnosis |  | | | |
| Recent Hospital Discharge | Yes | | No | |
| Recent Exacerbation | Yes | | No | |
| Home O2 | Yes | | No | |
| Smoking History | Smoker | Ex-smoker | | Never |
| Exercise Tolerance |  | | | |

|  |  |
| --- | --- |
| Past Medical History | Medications |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| HR |  | BP |  | O2 Sats (specify RA / on O2) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Referrer |  | Designation |  |
| Contact No. |  | Signature |  |

**Please email to** [**Stgh-tr.nmskpathwayhub@nhs.net**](mailto:Stgh-tr.nmskpathwayhub@nhs.net)Telephone contact no. 020 8725 3016