

**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 |

|  |  |
| --- | --- |
| 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**Telephone contact no. 020 8725 3016