

**RESPIRATORY PHYSIOTHERAPY OUTPATIENTS**Please note this is **NOT** pulmonary rehab.

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| --- | --- | --- | --- |
| **Patient** **Information** | | | |
| Name |  | NHS No. |  |
| Email |  | MRN |  |
| Address |  | DOB |  |
| Telephone |  | GP Telephone |  |
| GP Address |  | GP Name |  |
| Consent from patient to be contacted by phone/email | | | YES / NO |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Reason for Referral – please delete as appropriate** | | | | | | | | | |
| ↑ 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 | |  | | | | | | | |
| Transport Required | | NO / YES | | Interpreter Required | | | | NO / YES | |
| Past Medical History | | | | Medications | | | | | |
|  | | | |  | | | | | |

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| --- | --- | --- | --- |
| **Referrer Information** | | | |
| Name |  | Designation |  |
| Contact No. |  | Email |  |
| Sign |  | Date |  |

**Please email to** [therapiesbookinghub@stgeorges.nhs.uk](mailto:therapiesbookinghub@stgeorges.nhs.uk)