

**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 |

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| **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