

Wesley Allied Health

451 Coronation Drive, Auchenflower Q 4066

Ph 07 3232 6190 Fax 07 3232 6189

Email : wesley-dayrehab@uhealth.com.auWeb : www.thoracicanssleep.com.au**Patient Referral**

Name:		DOB:
Address:	Phone (day):	
	Mobile:	
Has this person ever been an inpatient at The Wesley Hospital? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date of last admission (if known) :		
Respiratory Diagnosis:		
Severity:		
Oxygen Dependent? Yes <input type="checkbox"/> No <input type="checkbox"/> Requirements :		
Other conditions:		
Insert Recent investigations (if known)		
1. Spirometry		
2. Radiology		
Medications:		
Inclusion Criteria	Exclusion Criteria	
<ul style="list-style-type: none"> ▪ Have stable, moderate to severe COPD (FEV1 \leq60%) or other chronic respiratory disease or have undergone lung volume reduction surgery ▪ Be willing and able to participate in a twice a week, eight week program of exercise and education ▪ Be prepared to meet achievable goals ▪ Be able to benefit from such a program in terms of increased physical functioning, quality of life issues and self management of condition. 	<ul style="list-style-type: none"> ▪ Currently smoke. (Consideration given to people who are attempting to stop smoking) ▪ Have no achievable goals ▪ Require respite or immediate High Level Residential Care ▪ Are not able or willing to participate in an eight week program ▪ Severe cognitive impairment ▪ Severe psychotic disturbance ▪ Current infectious disease risk ▪ Musculoskeletal /neurological conditions preventing gentle exercise ▪ Unstable cardiovascular disease 	

Does the patient meet the Inclusion/Exclusion Criteria: Yes No Have you discussed pulmonary rehabilitation and **required attendance** of all 16 sessions? Yes No Patient's funding status: DVA Worker's compensation Private – which fund? _____ Other? _____**Referring Medical Officer**

Name:	Phone:
Provider No.	Fax :
Practice address:	
Postcode	
Signature:	Date:

Practice Stamp

Please fax referral to Wesley Therapy Service Fax: 07 3232 6189, OR Email wesley-dayrehab@uhealth.com.au*Office Use Only*Medical Director. Is this patient accepted to the program? Yes No

Name

Signature

Date: