

## PULMONARY REHABILITATION PROGRAM REFERRAL FORM

*Pulmonary Rehabilitation is indicated for patients with chronic respiratory impairment who are dyspnoeic, have reduced exercise tolerance, or experience restriction to activities.*

*Your signature indicates that the patient is medically suitable to participate in exercise classes. Classes consist of a circuit of cardiovascular and strengthening exercises that are modified to each participant's ability. Participants will be exercising for approximately 60 minutes a session with rest periods.*

<b>Referring Clinician</b>	<b>Patient Details</b>
Name:	Surname: <span style="float: right;">MRN:</span>
Phone:	Other Names: <span style="float: right;">DOB:</span>
Address:	Address:
Signature:	<b>Best contact number:</b>
	<b>Email:</b>

<b>Date of Referral:</b>
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<b>Reason for Referral (please tick):</b> Pulmonary Rehabilitation [ <input type="checkbox"/> ]    Respiratory Outpatient [ <input type="checkbox"/> ]
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<b>Respiratory Diagnosis:</b>
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<b>Other relevant medical history (i.e Spirometry, ABGs, O2 requirement, comorbidities):</b>
 <b>Current medications:</b>

<b>Health Service</b>	<b>Phone</b>	<b>Fax</b>
Bankstown Health Service	9722 8026	9722 7125
	SWSLHD-Bankstown-PulmonaryRehab@health.nsw.gov.au	
Bowral Health Service	4861 0298	4861 0251
	SWSLHD-BDHPphysio@health.nsw.gov.au	
Fairfield Health Service	9616 8324 Pager 47913	9616 8537
	SWSLHD-FairfieldPhysioReferral@health.nsw.gov.au	
Liverpool Health Service	8738 3000 Pager 25356	8738 8824
	SWSLHD-LiverpoolPulmonaryRehab@health.nsw.gov.au	
Macarthur Health Service	4634 4794	4634 3887
	SWSLHD-MacarthurPulmonaryRehab@health.nsw.gov.au	

**Please refer your patient to the program being run in their LGA (as per their listed residential address)**