PETERBOROUGH REGIONAL HEALTH CENTRE

Pulmonary Rehabilitation Referral
Outpatient Rehabilitation

t: 705-743-2121 x. 2828 | f: 705-876-5840

PATIENT LABEL

Please see eligibility criteria on reverse to ensure the referral is appropriate

Date (DD/MM/YYYY): _____

Name:	
DOB (DD/MM/YYYY):	Health Card #:
Address:	Phone #:
	Work #:
	Cell #:
Diagnosis:	Date of Onset (DD/MM/YYYY):
	Last Admission Date (DD/MM/YYYY):
Has the client consulted with a Respirologist for this problem: ☐ Yes ☐ No	Specialist:
	Date last seen (DD/MM/YYYY):

Does your patient have a cardiac history?
☐ Yes ☐ No
Please note: _____

Does your patient have any pre-existing health condition that would make exercising unsafe, difficult or high risk?
☐ Yes ☐ No
Please note: _____

Does your patient currently use home Oxygen?
☐ Yes ☐ No

_____ lpm at rest
_____ lpm activity/exercise
_____ lmp during sleep

Attached are the following test results if completed within the past 6 months:
Spirometry: ☐ Attached ☐ Has been scheduled
Cardiopulmonary Exercise Testing: ☐ Attached ☐ Has been scheduled

Oximetry Testing at rest and during exercise is performed on all patients as part of their initial assessment.
It will be performed with room air unless indicated otherwise:
☐ On Room Air
☐ On Oxygen: Flow Rate: _____ lpm
☐ Add Oxygen to acquire SpO2 > 85%

Physician Name (please print):	Signature of Referring Practioner:
Physician's Telephone #:	Date (DD/MM/YYYY):

Please ensure that the referral is fully completed and supporting documents attached before faxing to Central registration.

Please see eligibility criteria on reverse to ensure the referral is appropriate

For Office Use: K#_____ Account #_____ Initials _____

Peterborough Regional Health Centre
1 Hospital Drive
Peterborough, ON K9J 7C6
705-743-2121

PATIENT LABEL

PRHC Pulmonary Rehabilitation Program Eligibility Criteria

Pulmonary Rehabilitation is designed to help physicians meet the education/rehabilitation needs of their adult clients. Exercise is a major component of the program. It is an expectation that the referring physician or nurse practitioner has carefully evaluated the client's respiratory problems and any limiting factors such as cardiac, cardiovascular, neuromusculature and personality disorders, all of which may influence the client's ability to function in the program.

Clients eligible for consideration to the six week Pulmonary Rehabilitation program must meet the following criteria:

- ☐ have a formal diagnosis of COPD or other lung disorder who are functionally disabled by their symptoms
- ☐ 18 years of age or older
- ☐ must be medically stable
- ☐ on optimal medication
- ☐ have identifiable difficulties in ADL's (breathless on activity)
- ☐ motivated to attend scheduled sessions (twice per week x 6 weeks) and undertake home program as directed
- ☐ have had a hospital admission for COPD or lung disorder in previous 12 months (targeted participants)
- ☐ no significant cardiac history
- ☐ sufficient mobility to physically partake in an exercise regime
- ☐ able to arrange own transportation to the program and perform own ADL's (eg. toileting)

Referred clients will undergo an initial assessment and screening by the Pulmonary Rehabilitation program team prior to acceptance into the program. Exclusion criteria from the program include:

- ☐ unstable cardiac problems
- ☐ myocardial infarction less than 4 weeks
- ☐ severe aortic stenosis
- ☐ severe pulmonary hypertension
- ☐ recent pneumothorax
- ☐ recent embolism (PE, thrombophlebitis)
- ☐ disabling stroke
- ☐ major physical or mental disabilities that would limit participation in an education and exercise class
- ☐ metastatic cancer
- ☐ locomotor disorders that would impede exercise

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