



Queensland Government

Pulmonary Rehabilitation Referral Form (LungMax®)

Please see reverse for contraindications

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex: M F I

Please complete ALL sections
INCOMPLETE OR ILLEGIBLE FORMS WILL BE RETURNED

REQUEST TO: Dr (Respiratory Physician)

REQUESTING DOCTOR

Date of request: / /

Requesting Medical Officer: Team/Speciality:

Signature: Provider no:

Contact no: Fax OR email:

Diagnosis:

Problem list:

Purpose of referral:

Lung Function: FEV₁/ FVC FEV₁ (% of predicted)

Relevant past medical history

Cardiac disease (specify extent):

Peripheral Vascular Disease (specify extent):

Diabetes: Type 1 DM Type 2 DM Hypertension

Other (please specify):

Cardiac medications (please list):

Respiratory:

Beta Agonist ICS Oral steroid LAMA LABA Anti cholinergic

Other (specify):

Oxygen / Flow rate: Hours per day:

Walking Aids/ Mobility

Specify concerns:

Post: Lungmax® Respiratory Resource Centre, PO Box 547, Nambour, Qld 4560 Tel: 07 5470 6768

Or: SCUH Central Referral Fax 07 520 20555

Or: Send by secure web transfer using hospital template

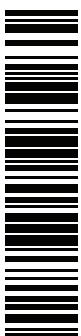
Clients preferred Lungmax® venue:

Kawana Is. (all year) Gympie (all year)

Noosa (all year) Nambour (all year)

DO NOT WRITE IN THIS BINDING MARGIN

2017/04 V1.3



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PULMONARY REHABILITATION REFERRAL FORM (LUNGMAX)

INFORMATION FOR YOUR DOCTOR

For referral to LungMax® (Pulmonary Rehabilitation Program) use this form. Further copies or information can be obtained by contacting the CNC Chronic Disease Pulmonary Rehabilitation, SCHHS on 5470 6768.

Guidelines for Referral

Absolute contraindications:

- > Unstable angina in recent months
- > Recent myocardial event
- > Critical aortic stenosis
- > Cognitive impairment not suited to group work

Relative contraindications

- > Tachycardiac, arrhythmia
- > Severe hypertension systolic > 180
- > Severe mobility problems
- > PVD with claudication

Other considerations

- > Review locomotor skills – spinal and joint disease may impede benefits of program
- > Withhold program for clients in an acute exacerbation (4 - 6 weeks post hospital discharge)
- > Clients with oxygen and stable medical conditions are eligible for consideration
- > Must have ability or access to transport to nominated venue 2 times a week for 8 weeks. Consider HACC funding assistance for transport.

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