# UNIVERSITY OF TASMANIA EXERCISE PHYSIOLOGY CLINIC
Lungs in Action Pulmonary Rehabilitation Referral Form

## Patient Details

<table>
<thead>
<tr>
<th>Name:</th>
<th>Gender:</th>
<th>Male</th>
<th>Female</th>
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<tbody>
<tr>
<td>DOB:</td>
<td>Address:</td>
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<td>Phone:</td>
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## Conditions

- Asthma (Action Plan? Y/N)
- Bronchiectasis
- COPD
- Cystic Fibrosis
- Lung Transplant
- Cystic Fibrosis
- Pulmonary Fibrosis
- Supplemental oxygen during exercise (Y/N)
- Anxiety

Other conditions that may affect exercise:

Medications:

## Physical Activity History

- Has the patient completed Pulmonary Rehabilitation? No □ Yes □ (please attach copy of program)

- Current level of exercise: days p/w minutes p/w

- Exercise type: Exercise Intensity:

- Does O₂ saturation continue to drop during recovery?

## Previous Assessments

<table>
<thead>
<tr>
<th>BP:</th>
<th>HR:</th>
<th>O₂ saturation:</th>
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6MWT: m  SF36: No □ Yes □ (please attach copy of form)

Other:

## Checklist

- Has the patient been spoken to about the university PR program? No □ Yes □
- Have you attached a copy of the patients exercise program? No □ Yes □
- Have you attached a copy of the patients SF36? No □ Yes □
- Have you included results from the patients 6-minute walk test? No □ Yes □

Comments:

Date of referral: __________________________ Referred by: __________________________