



UNIVERSITY
OF TASMANIA



EXERCISE & SPORTS SCIENCE AUSTRALIA

ACCREDITED EXERCISE PHYSIOLOGIST

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

Patient Details

Name:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
DOB:	Address:
Phone:	

Conditions

<input type="checkbox"/> Asthma (Action Plan? Y/N)	<input type="checkbox"/> Bronchiectasis
<input type="checkbox"/> COPD	<input type="checkbox"/> Cystic Fibrosis
<input type="checkbox"/> Lung Transplant	<input type="checkbox"/> Pulmonary Fibrosis
<input type="checkbox"/> Supplemental oxygen during exercise (Y/N)	<input type="checkbox"/> Anxiety
Other conditions that may affect exercise:	
Medications:	

Physical Activity History

Has the patient completed Pulmonary Rehabilitation? No <input type="checkbox"/> Yes <input type="checkbox"/> (please attach copy of program)		
Current level of exercise:	days p/w	minutes p/w
Exercise type:	Exercise Intensity:	
Does O ₂ saturation continue to drop during recovery?		

Previous Assessments

BP:	HR:	O ₂ saturation:
6MWT: m	SF36: No <input type="checkbox"/> Yes <input type="checkbox"/> (please attach copy of form)	
Other		

Checklist

Has the patient been spoken to about the university PR program?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Have you attached a copy of the patients exercise program?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Have you attached a copy of the patients SF36?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Have you included results from the patients 6-minute walk test?	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Comments:

Date of referral: _____

Referred by: _____