Winnipeg Regional Health Authority | Office régional de la santé de Winnipeg

PULMONARY REHABILITATION PROGRAM REFERRAL FORM

PHONE: (204) 831-2181 FAX: (204) 895-2076

DATE OF REFERRAL: D D M M M Y Y Y Y

Client Health Record #

Client Surname

Given Name

Date of Birth Age

Gender

Health Card #

PHIN

REFERRAL CRITERIA (see reverse for more details)

- ✓ Diagnosed progressive pulmonary disease that is functionally limiting despite optimal medical therapy
- ✓ Client is motivated to participate and agrees to referral
- ✓ Rehabilitation potential (non-palliative, able to ambulate short distances safely)
- ✓ No contraindications to cardiovascular exercise (see reverse for details)
- ✓ Physician or primary care provider signature required at time of referral

CLIENT CONTACT INFORMATION

Street Address:	City	Province	Postal Code
Phone:	Alternate Phone:	Will client require an interpreter? ☐ NO ☐ YES Language:	
To arrange appointment contact: ☐ Client ☐ Primary Contact			
Primary Contact	Relationship	Primary Contact Phone:	

MEDICAL INFORMATION

Pulmonary Diagnosis:

Is the client currently on supplemental oxygen? ☐ NO ☐ YES Prescription:

Other medical conditions or relevant medical history:

Allergies: ☐ None Known ☐ Drug Allergies: ☐ Food or Environmental:

TESTS WHICH MUST ACCOMPANY REFERRAL

MANDATORY:

- ☐ Pulmonary Function Test **AND/OR** Spirometry
- ☐ Chest X-Ray **OR** Chest CT Scan (completed within the previous 3 years)

PROVIDE IF AVAILABLE:

- ☐ EKG, ECHO, cardiac stress **AND/OR** field walking test
- ☐ Most recent respirologist dictated letter **AND/OR** Most recent hospital physician discharge summary

PRIMARY CARE PROVIDER INFORMATION:

Name: Phone: - - Fax: - -

RESPIROLOGIST:

Name: Phone: - - Fax: - -

REFERRAL INITIATED BY (Please print name and designation): _____

SIGNATURE OF PRIMARY CARE PROVIDER OR PHYSICIAN VERIFYING CLIENT IS SAFE TO PROCEED WITH PROGRESSIVE EXERCISE PROGRAM INVOLVING AEROBIC AND RESISTANCE TRAINING:

_____ (SIGNATURE) and _____ (PRINTED NAME AND DESIGNATION) Date: D D M M M Y Y Y Y

PROGRAM INFORMATION

Pulmonary Rehabilitation is an 8-week outpatient program providing therapeutic exercise and self-management education for clients with chronic lung disease. It is not a generalized rehabilitation or mobility-focused program. Clients are required to attend twice per week for two hours per session. Clients with resting hypoxemia should have appropriate oxygen therapy prescribed before participation in the program. Concurrent diseases or conditions that may interfere with the rehabilitation process or place the client at substantial risk during exercise should be corrected or stabilized as much as possible before participation in the program. Programs are held at Wellness Institute – Seven Oaks, Deer Lodge Centre, and Misericordia Health Centre. Please fax complete referral to the central intake coordinator at: 204-895-2076. Referrals will be forwarded to the program site based on catchment area determined by the client's home address. Clients requesting re-referral to repeat the program within a two-year time period may be accepted on a case-by-case basis and as waitlist demands permit.

PULMONARY REHABILITATION INCLUSION CRITERIA

- ✓ A documented diagnosis of a progressive chronic lung condition including but not limited to:
  - Fixed-obstructive pulmonary diseases including: chronic obstructive pulmonary disease (COPD), Asthma/COPD overlap (ACO), bronchiectasis
  - Interstitial lung diseases including pulmonary fibrosis
  - Pulmonary hypertension
- ✓ Rehabilitation potential (non-palliative, able to walk short distances safely with or without gait aide)
- ✓ Medically stable and no contraindications to cardiovascular exercise (see below)
- ✓ Over the age of 18
- ✓ Motivated to participate in a self-management education and exercise program
- ✓ Able to manage toileting independently
- ✓ Able to arrange own transportation
- ✓ Referral form signed by primary care provider or physician at the time of referral

EXCLUSION CRITERIA

- Clients with uncontrolled reversible obstructive pulmonary conditions (uncontrolled asthma)
- Clients with cardiac or vascular symptoms that have not been thoroughly or previously investigated including but not limited to: chest pain or pressure, syncope or pre-syncope, dizziness, or severe claudication.
- Clients with dyspnea or exercise intolerance primarily caused by cardiac conditions, chronic anemia, or obesity
- Any other medical problem or impairment that severely restricts exercise participation or adherence to the program including but not limited to: chronic pain conditions, post-exertional malaise syndromes or cognitive or psychiatric impairment
- Personal care home residents

***ABSOLUTE CONTRAINDICATIONS TO EXERCISE**

- Acute myocardial infarction or unstable angina (acute phase, during the previous month)
- Uncontrolled arrhythmias causing symptoms or hemodynamic compromise
- Acute myocarditis or pericarditis
- Active endocarditis
- Uncontrolled acutely decompensated heart failure (acute pulmonary edema)
- Acute pulmonary embolism, pulmonary infarction, or deep venous thrombosis
- Suspected dissecting aneurysm
- Resting hypoxemia (Sp02 88% or below) without appropriate oxygen therapy or acute respiratory failure
- Acute noncardiopulmonary disorder that may affect exercise performance or be aggravated by exercise (such as infection, renal failure, thyrotoxicosis)

***RELATIVE CONTRAINDICATIONS TO EXERCISE**

- Systolic blood pressure over 180 mmHg or diastolic blood pressure over 100 mmHg
- Known obstructive left main coronary artery stenosis
- Moderate to severe aortic stenosis with uncertain relationship to symptoms
- Tachyarrhythmias with uncontrolled ventricular rates
- Acquired or advanced or complete heart block
- Recent stroke or recent transient ischemia attack (within 3 months of referral)