



# For The Attention of the RCCP

Referring GP: ..... Telephone Number.....

Respiratory Physician: .....

**PATIENT DETAILS:**

<b>Name:</b>	<b>DOB:</b>
	<b>SEX: M / F</b>
<b>Address:</b>	
	<b>Phone:</b>

**ALLERGIES**

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NOK: ..... Relationship..... Ph: .....

Reason for referral: \_\_\_\_\_

Would you like your patient to receive?

<b>Pulmonary rehabilitation</b> (Available for all COPD severity)	<b>Yes</b>	<b>No</b>
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<b>Respiratory Coordinated Care Program</b> (Most beneficial to moderate/severe COPD)	<b>Yes</b>	<b>No</b>
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Special instructions: \_\_\_\_\_

Psychosocially Stable:  Yes  No

Referral to other Services:  Yes .....  No

Lives Alone:  Yes  No

Accommodation:  Own Home  Hostel  N/Home  Other .....

<p><b>HOME OXYGEN:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Flow Rate:</b> ..... Litres per Minute</p> <p><b>CO2 Retainer:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Frequency</b>.....Hours per Day</p> <p><b>NIV</b>.....<input type="checkbox"/>Yes.....Hours per Day <input type="checkbox"/> No</p> <p><i>Doctors Signature required for Oxygen</i></p> <p><i>Dr</i>.....<i>Date</i>.....</p> <p><i>Print Name</i>.....<i>Page</i>.....</p>
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<p><b>This section to be completed by RCCP Staff:</b></p> <p><i>Suitable for recruitment to RCCP Program:</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Urgent Referral:</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Name</i>..... <i>Date</i>.....</p> <p><i>Signature</i>.....</p>
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**RCCP OFFICE: PH: 9382 3486 FAX: 9382 4627 Monday-Friday: Page 45110 Weekends 0421 014 024**