



REFERRAL FORM: Pulmonary Rehabilitation Program * Please see inclusion/ exclusion criteria on reverse to ensure referral is appropriate*

Date of referral:

	PHN:	
Address:	Phone: Home:	
	Work: Mobile:	
Respiratory Diagnosis:		
Number of exacerbations in the past y	/ear:	
Number of hospitalizations due to exa	cerbations in past year:	
MRC: 1 2 3 4	□ 5	
Other Relevant History or Information:	:	
Does the patient currently use home		
oxygen? 🗆 No 🗆 Yes	ipm activ	ity/exercise Ig sleep
Have you discussed pulmonary rehab	ilitation with patient?	🗆 Yes 🗆 N
Please attach last spirometry report. S	Spirometry attached	🗆 Yes 🗆 N
CBC, HgA1c and Non-Fasting Lipids will be drawn by the pulmonary rehab program assessment).		U
	oner	
Referring Physician/ Nurse Practition		
Referring Physician/ Nurse Practitio	Signature:	





What is Pulmonary Rehabilitation?

Pulmonary rehabilitation is an outpatient program which aims to improve the function of people with chronic lung disease, particularly Chronic Obstructive Pulmonary Disease (COPD).

Pulmonary rehab is an important component of evidence-based care aimed at improving quality of life and decreasing mortality and morbidity. Program elements include: reducing modifiable risk factors, using behaviour modification strategies to sustain healthy lifestyles, promoting pharmacological adherence and providing supervised therapeutic exercise training.

All pulmonary patients can benefit from pulmonary rehab. The pulmonary rehab program selects for high risk patients, including those with an MRC >2 & recent or frequent exacerbations, ER visits, or hospitalizations.

Inclusion Criteria

- A diagnosis of COPD or other chronic lung disease (e.g. pulmonary fibrosis, adult asthma, lung cancer) who are functionally disabled by their symptoms
- 18 years of age or older*
- Must be medically stable (e.g. no acute cardiac disease)
- Patient willing to participate
- Able to arrange own transportation
- Able to perform own ADL's (e.g. toileting) or bring caregiver to assist

Exclusion Criteria

- Poorly controlled angina on minimal exertion
- Any medical problem that severely restricts exercise or compliance with the program e.g. severe arthritis or dementia.
- Resides in a long-term care facility

Exceptions for inclusion and exclusion criteria may be considered on a case by case basis

Post/Long Covid Inclusion Criteria

- New or ongoing respiratory symptoms (dyspnea and/or cough) and functional limitations after resolution of Covid-19 AND new or ongoing requirement for supplemental oxygen after resolution of Covid-19 OR AT LEAST ONE OF THE FOLLOWING:
 - Persistent radiographic pulmonary abnormalities (chest xray and/or CT chest demonstrating new/persistent reticular changes and/or fibrosis after resolution of Covid-19) OR PFT demonstrating new/persistent reduction in lung volumes, airflow limitation and/or reduction in diffusing capacity after resolution of Covid-19.

Anyone who is referred to Pulmonary Rehab with Post/Long Covid symptoms will be screened for Post Exertional Symptoms using the DePaul Symptom Questionnaire Post Exertional Malaise subscale (DSQ-PEM).

If the DSQ-PEM indicates a person is experiencing Post Exertional Symptoms, they will not be a candidate for in-person pulmonary rehab; they could be considered for an education only stream (Virtual) on a case-by-case basis.