Edinburgh Community Health Partnership Edinburgh Community Physiotherapy Service

COMMUNITY RESPIRATORY TEAM ON CALL: 07826 894 067



Office Telephone: 0131 537 9501 Email: crt@nhslothian.scot.nhs.uk Domiciliary Physiotherapy, Astley Ainslie Hospital 133 Grange Loan, EH9 2HL

Referral from:	Hospita	ıl 🗌 / I	MPACT	Γ 🗌 / 🤇	Community Nu	rsing \square /AHP \square	/ LU		
Surname					Referral Date				
Forename					Referred by				
CHI					Position				
Address					GP details				
Post Code					Consultant				
Tel no					Hospital / Ward				
Reason for refe	rral								
To prevent hospital admission				exacerb	ation 🗌	Follow-up from ho	Follow-up from hospital		
Pulmonary rehabilitation Other:								Telescot	
		I				T			
ESSENTIAL INFORMATION: Is this patie at risk of Hospital Admission?					ient	Yes 🗌	N	o 🗌	
							ı		
HPC:									
COPD history:									
PMH:									
DH:									
Spirometry:									
Home nebuliser:	Yes 🗌	No 🗌	If Yes specify:						
Home oxygen:	n: Concentrator Porta				ole O ₂	Lpm	Lpm Hours per day		
SH:									
Referrer:					Designation:				
Date:					Contact no:	Contact no:			